

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: 2019 DC Individual Exchange Rate Filing

Project Name/Number: /

Filing at a Glance

Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Product Name: 2019 DC Individual Exchange Rate Filing

State: District of Columbia

TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02I.005D Individual - HMO

Filing Type: Rate

Date Submitted: 06/01/2018

SERFF Tr Num: KPMA-131465746

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num:

Implementation 01/01/2019

Date Requested:

Author(s): Stephen Chuang, John Xu, Ky Le, Sheebani Patel, Shaunteria Scott

Reviewer(s):

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: 2019 DC Individual Exchange Rate Filing

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: Filing Status Changed: 06/01/2018
State Status Changed:
Deemer Date: Created By: Stephen Chuang
Submitted By: Stephen Chuang Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing is for 2019 Individual plan rate for the Exchange.

Company and Contact

Filing Contact Information

Catherine Reifert, Manager catherine.l.reifert@kp.org
2101 E. Jefferson 301-816-7346 [Phone]
Rockville, MD 20852 301-816-7346 [FAX]

Filing Company Information

| | | |
|--|-------------------------|-----------------------------|
| Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | CoCode: 95639 | State of Domicile: Maryland |
| 2101 E Jefferson St. | Group Code: | Company Type: Health |
| Rockville, MD 20852 | Group Name: | Maintenance Organization |
| (301) 816-6867 ext. [Phone] | FEIN Number: 52-0954463 | State ID Number: |

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

| | | | |
|-----------------------------|--|------------------------|--|
| State: | District of Columbia | Filing Company: | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. |
| TOI/Sub-TOI: | HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO | | |
| Product Name: | 2019 DC Individual Exchange Rate Filing | | |
| Project Name/Number: | / | | |

Rate Information

Rate data applies to filing.

| | |
|--|----------------|
| Filing Method: | SERFF |
| Rate Change Type: | Increase |
| Overall Percentage of Last Rate Revision: | 13.000% |
| Effective Date of Last Rate Revision: | 01/01/2018 |
| Filing Method of Last Filing: | SERFF |
| SERFF Tracking Number of Last Filing: | KPMA-131011582 |

Company Rate Information

| Company Name: | Company Rate Change: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|--|----------------------|-----------------------------|------------------------|--|---|-----------------------------------|---------------------------------|---------------------------------|
| Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | Increase | 20.000% | 20.000% | \$1,373,934 | 2,562 | \$17,800,515 | 29.100% | 6.000% |

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: 2019 DC Individual Exchange Rate Filing

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HHS Issuer Id: 94506

PRODUCTS:

| Product Name | HIOS Product ID | HIOS Submission ID | Number of Covered Lives |
|------------------------|-----------------|--------------------|-------------------------|
| DC Individual Exchange | | | 2987 |

Trend Factors:

FORMS:

New Policy Forms: DC-DP-0-0-AI-DENTAL-HMO(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-19)HIX, DC-DP-CATASTROPHIC-7900-0-DENTAL-DHMO(01-19)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2200-30-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-BRONZE-6650-50-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3000-40-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-19)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20-HSA-DENTAL-HDHP-RX(01-19)HIX

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

| | | | |
|-----------------------------|--|------------------------|--|
| State: | District of Columbia | Filing Company: | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. |
| TOI/Sub-TOI: | HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO | | |
| Product Name: | 2019 DC Individual Exchange Rate Filing | | |
| Project Name/Number: | / | | |

| | |
|---------------------------|------------------------------|
| Member Months: | 35,849 |
| Benefit Change: | Increase |
| Percent Change Requested: | Min: 6.0 Max: 29.1 Avg: 20.0 |

PRIOR RATE:

| | |
|------------------------|---------------------------------------|
| Total Earned Premium: | 16,425,950.00 |
| Total Incurred Claims: | 15,494,844.00 |
| Annual \$: | Min: 162.08 Max: 1,023.45 Avg: 419.98 |

REQUESTED RATE:

| | |
|----------------------------|---------------------------------------|
| Projected Earned Premium: | 17,800,515.00 |
| Projected Incurred Claims: | 19,003,402.00 |
| Annual \$: | Min: 191.63 Max: 1,130.19 Avg: 425.65 |

| | | | |
|-----------------------------|--|--------------------------|--|
| SERFF Tracking #: | KPMA-131465746 | State Tracking #: | Company Tracking #: |
| State: | District of Columbia | Filing Company: | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. |
| TOI/Sub-TOI: | HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO | | |
| Product Name: | 2019 DC Individual Exchange Rate Filing | | |
| Project Name/Number: | / | | |

Rate/Rule Schedule

SERFF Tracking #:

KPMA-131465746

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

2019 DC Individual Exchange Rate Filing

Project Name/Number:

/

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments |
|----------|----------------------|-------------------------------|--|-------------|---|------------------------------|
| 1 | | 2019 DC Individual Rate Table | DC-DP-0-0-AI-DENTAL-HMO(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-19)HIX, DC-DP-CATASTROPHIC-7900-0-DENTAL-DHMO(01-19)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2200-30-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-BRONZE-6650-50-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-19)HIX, | Revised | Previous State Filing Number: KPMA-131011582 Percent Rate Change Request: 27.3 | 2019 DC KPIF Rate Table.pdf, |

SERFF Tracking #:

KPMA-131465746

State Tracking #:

Company Tracking #:

State: District of Columbia
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2019 DC Individual Exchange Rate Filing
Project Name/Number: /

Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

| | | | | | | |
|--|--|--|---|--|--|--|
| | | | DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3000-40-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-19)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20-HSA-DENTAL-HDHP-RX(01-19)HIX | | | |
|--|--|--|---|--|--|--|

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2019
District of Columbia Individual Exchange
Appendix I

| Age | Platinum | Gold | | Gold | | Gold | | Gold | | Silver | | Silver | | Silver | | Bronze | | Bronze | | Bronze | | Catastrophic | |
|--------------|-------------------------------------|------------------------|-----------------------------------|---------------------------|--------------------------------|--------------------------------------|-----------------------------|----------------------------------|--------------------------------------|---|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------------|----------|
| | KP DC Standard Platinum 0/20/Dental | KP DC Gold 0/20/Dental | KP DC Standard Gold 500/25/Dental | KP DC Gold 1000/20/Dental | KP DC Gold 1500/25%/HSA/Dental | KP DC Standard Silver 3500/40/Dental | KP DC Silver 2500/30/Dental | KP DC Silver 3200/30%/HSA/Dental | KP DC Standard Bronze 6500/50/Dental | KP DC Bronze 6200/30%/HSA/KP DC Bronze 6500/60/Dental | KP DC Catastrophic 7900/Dental | | | | | | | | | | | | |
| 20 and Under | \$338.90 | \$303.77 | \$303.77 | \$302.66 | \$286.54 | \$285.51 | \$286.36 | \$277.31 | \$283.82 | \$253.24 | \$253.27 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 |
| 21 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.23 | \$309.27 | \$320.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 |
| 22 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.23 | \$309.27 | \$320.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 |
| 23 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.23 | \$309.27 | \$320.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 |
| 24 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.23 | \$309.27 | \$320.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 |
| 25 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.23 | \$309.27 | \$320.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 |
| 26 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.23 | \$309.27 | \$320.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 |
| 27 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.23 | \$309.27 | \$320.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 | \$281.51 |
| 28 | \$385.54 | \$342.16 | \$342.16 | \$344.31 | \$325.97 | \$324.80 | \$325.29 | \$315.47 | \$328.09 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 | \$289.12 |
| 29 | \$393.83 | \$349.52 | \$349.52 | \$351.72 | \$332.98 | \$331.79 | \$331.85 | \$322.26 | \$336.58 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 |
| 30 | \$403.68 | \$358.25 | \$358.25 | \$360.51 | \$341.30 | \$340.08 | \$339.65 | \$330.31 | \$344.24 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 |
| 31 | \$414.04 | \$367.45 | \$367.45 | \$369.76 | \$350.07 | \$348.81 | \$348.39 | \$338.79 | \$352.51 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 |
| 32 | \$423.37 | \$375.73 | \$375.73 | \$378.10 | \$357.95 | \$356.67 | \$356.24 | \$346.43 | \$359.27 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 |
| 33 | \$433.21 | \$384.47 | \$384.47 | \$386.89 | \$366.28 | \$364.97 | \$364.54 | \$354.40 | \$367.24 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 |
| 34 | \$443.58 | \$393.67 | \$393.67 | \$396.14 | \$375.04 | \$373.70 | \$373.25 | \$363.96 | \$376.30 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 |
| 35 | \$453.94 | \$402.86 | \$402.86 | \$405.40 | \$383.80 | \$382.43 | \$381.95 | \$371.44 | \$383.37 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 |
| 36 | \$464.31 | \$412.06 | \$412.06 | \$414.65 | \$392.56 | \$391.16 | \$390.66 | \$379.93 | \$391.44 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 |
| 37 | \$474.67 | \$421.26 | \$421.26 | \$423.91 | \$401.33 | \$399.89 | \$399.37 | \$388.41 | \$399.51 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 |
| 38 | \$480.37 | \$426.32 | \$426.32 | \$429.00 | \$406.15 | \$404.69 | \$404.16 | \$393.07 | \$393.94 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 |
| 39 | \$486.07 | \$431.38 | \$431.38 | \$434.09 | \$410.97 | \$409.50 | \$408.95 | \$397.73 | \$398.58 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 |
| 40 | \$491.77 | \$436.39 | \$436.39 | \$439.14 | \$415.76 | \$414.28 | \$413.73 | \$402.46 | \$403.31 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 | \$367.93 |
| 41 | \$501.47 | \$441.39 | \$441.39 | \$444.18 | \$420.57 | \$419.07 | \$418.52 | \$407.20 | \$408.04 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 | \$372.93 |
| 42 | \$511.17 | \$446.40 | \$446.40 | \$449.23 | \$425.76 | \$424.24 | \$423.69 | \$412.36 | \$413.20 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 | \$377.93 |
| 43 | \$521.87 | \$451.41 | \$451.41 | \$454.28 | \$430.95 | \$429.41 | \$428.86 | \$417.52 | \$418.36 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 | \$382.93 |
| 44 | \$532.57 | \$456.42 | \$456.42 | \$459.33 | \$436.14 | \$434.58 | \$434.03 | \$422.68 | \$423.52 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 | \$387.93 |
| 45 | \$543.27 | \$461.43 | \$461.43 | \$464.38 | \$441.33 | \$439.76 | \$439.21 | \$427.86 | \$428.69 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 | \$392.93 |
| 46 | \$553.97 | \$466.44 | \$466.44 | \$469.43 | \$446.52 | \$444.94 | \$444.39 | \$433.04 | \$433.87 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 | \$397.93 |
| 47 | \$564.67 | \$471.45 | \$471.45 | \$474.48 | \$451.71 | \$450.12 | \$449.57 | \$438.22 | \$439.04 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 | \$402.93 |
| 48 | \$575.37 | \$476.46 | \$476.46 | \$479.53 | \$456.90 | \$455.30 | \$454.75 | \$443.40 | \$444.21 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 | \$407.93 |
| 49 | \$586.07 | \$481.47 | \$481.47 | \$484.58 | \$462.09 | \$460.48 | \$459.93 | \$448.58 | \$449.38 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 | \$412.93 |
| 50 | \$596.77 | \$486.48 | \$486.48 | \$489.64 | \$467.28 | \$465.66 | \$465.11 | \$453.76 | \$454.55 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 | \$417.93 |
| 51 | \$607.47 | \$491.49 | \$491.49 | \$494.70 | \$472.47 | \$470.84 | \$470.29 | \$458.94 | \$459.72 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 | \$422.93 |
| 52 | \$618.17 | \$496.50 | \$496.50 | \$499.75 | \$477.66 | \$476.02 | \$475.47 | \$464.12 | \$464.89 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 | \$427.93 |
| 53 | \$628.87 | \$501.51 | \$501.51 | \$504.80 | \$482.85 | \$481.20 | \$480.65 | \$469.30 | \$470.06 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 | \$432.93 |
| 54 | \$639.57 | \$506.52 | \$506.52 | \$509.86 | \$488.04 | \$486.38 | \$485.83 | \$474.48 | \$475.23 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 | \$437.93 |
| 55 | \$650.27 | \$511.53 | \$511.53 | \$514.92 | \$493.23 | \$491.56 | \$491.01 | \$479.66 | \$480.40 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 | \$442.93 |
| 56 | \$660.97 | \$516.54 | \$516.54 | \$519.98 | \$498.43 | \$496.76 | \$496.21 | \$484.86 | \$485.59 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 | \$447.93 |
| 57 | \$671.67 | \$521.55 | \$521.55 | \$525.03 | \$503.62 | \$501.94 | \$501.39 | \$490.04 | \$490.76 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 | \$452.93 |
| 58 | \$682.37 | \$526.56 | \$526.56 | \$530.09 | \$508.81 | \$507.12 | \$506.57 | \$495.22 | \$495.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 | \$457.93 |
| 59 | \$693.07 | \$531.57 | \$531.57 | \$535.15 | \$513.90 | \$512.20 | \$511.65 | \$500.30 | \$501.00 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 | \$462.93 |
| 60 | \$703.77 | \$536.58 | \$536.58 | \$540.21 | \$519.09 | \$517.38 | \$516.83 | \$505.48 | \$506.17 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 | \$467.93 |
| 61 | \$714.47 | \$541.59 | \$541.59 | \$545.26 | \$524.28 | \$522.56 | \$522.01 | \$510.66 | \$511.34 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 | \$472.93 |
| 62 | \$725.17 | \$546.60 | \$546.60 | \$550.32 | \$529.47 | \$527.74 | \$527.19 | \$515.84 | \$516.51 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 | \$477.93 |
| 63 | \$735.87 | \$551.61 | \$551.61 | \$555.38 | \$534.66 | \$532.92 | \$532.37 | \$521.02 | \$521.68 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 | \$482.93 |
| 64+ | \$746.57 | \$556.62 | \$556.62 | \$560.43 | \$539.85 | \$538.10 | \$537.55 | | | | | | | | | | | | | | | | |

| | | | |
|-----------------------------|--|------------------------|--|
| State: | District of Columbia | Filing Company: | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. |
| TOI/Sub-TOI: | HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO | | |
| Product Name: | 2019 DC Individual Exchange Rate Filing | | |
| Project Name/Number: | / | | |

Supporting Document Schedules

| | |
|--------------------------|---|
| Satisfied - Item: | Actuarial Justification |
| Comments: | |
| Attachment(s): | DC 2019 KPIF Actuarial Memorandum and Exhibits_v1.pdf |
| Item Status: | |
| Status Date: | |

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|--------------------------|---|
| Satisfied - Item: | Actuarial Memorandum |
| Comments: | |
| Attachment(s): | DC 2019 KPIF Actuarial Memorandum and Exhibits_v1.pdf |
| Item Status: | |
| Status Date: | |

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|--------------------------|---|
| Satisfied - Item: | Actuarial Memorandum and Certifications |
| Comments: | |
| Attachment(s): | DC 2019 KPIF Actuarial Memorandum and Exhibits_v1.pdf |
| Item Status: | |
| Status Date: | |

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|-------------------------|----------------------------------|
| Bypassed - Item: | Certificate of Authority to File |
| Bypass Reason: | NA |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--------------------------|
| Bypassed - Item: | Consumer Disclosure Form |
| Bypass Reason: | NA |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

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|--------------------------|---|
| Satisfied - Item: | Cover Letter All Filings |
| Comments: | |
| Attachment(s): | DC 2019 Individual Rate Filing Cover Letter.pdf |
| Item Status: | |
| Status Date: | |

SERFF Tracking #:

KPMA-131465746

State Tracking #:

Company Tracking #:

State: District of Columbia
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: 2019 DC Individual Exchange Rate Filing
Project Name/Number: /

Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

| | |
|--------------------------|---|
| Satisfied - Item: | DISB Actuarial Memorandum Dataset |
| Comments: | |
| Attachment(s): | Kaiser Individual DC Actuarial_Memo_Dataset_2019_outgoing_v1.pdf Kaiser Individual DC Actuarial_Memo_Dataset_2019_outgoing_v1.xlsx |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | District of Columbia and Countrywide Experience for the Last 5 Years (P&C) |
| Bypass Reason: | NA |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | District of Columbia and Countrywide Loss Ratio Analysis (P&C) |
| Bypass Reason: | NA |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---|
| Satisfied - Item: | Unified Rate Review Template |
| Comments: | |
| Attachment(s): | Unified_Rate_Review_Template_2019_DC_KPIF_v1.pdf Unified_Rate_Review_Template_2019_DC_KPIF_v1.xlsm |
| Item Status: | |
| Status Date: | |

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|--------------------------|--|
| Satisfied - Item: | District of Columbia Plain Language Summary |
| Comments: | |
| Attachment(s): | 2019_DC_KPIF_Part_II_Justification_Plain_Language_Summary_v1.pdf |
| Item Status: | |
| Status Date: | |

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|--------------------------|--|
| Satisfied - Item: | AV Screenshots |
| Comments: | |
| Attachment(s): | 2019 Plan Designs - Final 20180308 AV Screenshots.pdf DC 2019 KPIF AV Screenshots 06012018.xlsm |
| Item Status: | |

| | | | |
|-----------------------------|--|------------------------|--|
| State: | District of Columbia | Filing Company: | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. |
| TOI/Sub-TOI: | HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO | | |
| Product Name: | 2019 DC Individual Exchange Rate Filing | | |
| Project Name/Number: | / | | |

| | |
|-------------------|--|
| Status Date: | |
| Satisfied - Item: | DC Rate Filing Checklist |
| Comments: | |
| Attachment(s): | 2019_DC_KPIF_SG_rate_filing_checklist_v1.pdf |
| Item Status: | |
| Status Date: | |

SERFF Tracking #:

KPMA-131465746

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

2019 DC Individual Exchange Rate Filing

Project Name/Number:

/

Attachment Kaiser Individual DC Actuarial_Memo_Dataset_2019_outgoing_v1.xlsx is not a PDF document and cannot be reproduced here.

Attachment Unified_Rate_Review_Template_2019_DC_KPIF_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC 2019 KPIF AV Screenshots 06012018.xlsm is not a PDF document and cannot be reproduced here.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia

2019 Direct Payment (Personal Advantage) Rate Filing

HIOS Issuer ID: 94506

HIOS Product ID 94506DC039

Form Numbers: DC-DP-0-0-AI-DENTAL-HMO(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-19)HIX, DC-DP-CATASTROPHIC-7900-0-DENTAL-DHMO(01-19)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2200-30-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-BRONZE-6650-50-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3000-40-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-19)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20-HSA-DENTAL-HDHP-RX(01-19)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the individual exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 1, 2019. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

KFHP an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. KFHP also offers Deductible and High Deductible plans, some of which are HSA qualified. For the purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered plans that existed prior to March 23, 2010.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2018 to 2019 is 27.3%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2019 to the 2018 factor, so a 1.000 indicates no impact on the rate change.

| Source of Change | 2019/2018 |
|--|---------------|
| Based Period Experience | 1.336 |
| Base Period Util Copay | 1.004 |
| Pricing Trend | 1.003 |
| Morbidity Adjustment | 1.000 |
| Risk Adjustment Recoveries | 0.953 |
| Reinsurance Recoveries | 1.000 |
| Reinsurance Premium | 1.000 |
| Average Age Impact | 0.996 |
| Additional EHB | 0.999 |
| Exchange Fee | 1.000 |
| Fixed Cost Adjustment | 1.000 |
| Total Market Adjusted Index Rate Change | 127.3% |

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2019 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2017 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2019. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

The calendar 2017 base data includes 79,185 members months (average monthly of 6,599) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 10.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal costs, which are allocated and immaterial reporting lag.

The completion factors used to complete the base period external claims are taken from the KFHP's overall commercial line of business by type of service. The claims are incurred in 2017 and paid through 1/31/2018.

Premium:

Premium was captured for calendar year 2017 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

| Benefit Category | Services |
|--------------------|---|
| Inpatient Hospital | Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity |

| | |
|---------------------|---|
| Outpatient Hospital | Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery |
| Professional | Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST |
| Other Medical | Other Services |
| Capitation | Adult Preventive Dental |
| Prescription Drug | Pharmacy |

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from rows (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2019 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2019 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 10 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$6,018.88.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2017) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2019) based on the expected risk profile relative to the market of the Individual line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2019).

Exhibit 8 was used to show the development of the reinsurance adjustment. This exhibit is not currently in use.

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of -22.36%, shown in Exhibit 9, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Individual members, we decided to have negative margin and phase in the required rate increase over several years to make the 2019 rates more affordable.

Taxes and Fees

Administrative expenses have been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year only.

The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of -6.76%, which includes a -22.36% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 108.8%. The ultimate MLR would be expected to be slightly higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2019 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2017 to 2019, our projected total annualized medical expense trend for Individual is 3.9% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for a standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2019 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 10 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate. Because the small and individual pools are combined in District of Columbia, we could not use the methodology to estimate the catastrophic index rate we had developed for other jurisdictions where the pools were separate. Therefore, we have used the modeled impact from these other jurisdictions as a guide. We have adjusted the index rate lower by 10% to represent the expected average cost per member.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest

rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2019), we added the new adult preventative capitation rate (\$1.28 PMPM) to the Non-EHB line to calculate the new Non-EHB adjustment factor in the rating period.

Contract limit of 3 Children factor

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on January 2018 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

Plans were included in the experience period that will be terminated prior to the effective date:
None

Plans were available after the experience period that will be terminated prior to the effective date:
KP DC Silver 6000/35/Dental

Warning Alert:

There are no warning alerts in the URRT.

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 10. The final 2019 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustment
- Exhibit 5 – Demographic Adjustment
- Exhibits 6 – Trend Calculation
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual

- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – was Reinsurance Adjustment Factor, this exhibit not currently in use
- Exhibit 9 – Administrative Expense Adjustment
- Exhibit 10 – Plan Adjusted Index Rates Development
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Embedded Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I - Rate Sheet

Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 27, 2018. Changes to the applicable regulations, including but not limited to Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/27/2018

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 1
Year to Year Change in Market Adjusted Index Rate

| | | |
|------|---|-----------------|
| (1) | 2018 Market Adjusted Index Rate | \$442.76 |
| (2) | Base Experience | 1.336 |
| (3) | Annualized Trend | 1.003 |
| (4) | Change in Average Utilization | 1.050 |
| (5) | Change in Demographics | 0.996 |
| (6) | Change in Morbidity | 1.000 |
| (7) | Embedded Pediatric Dental Factor | 0.999 |
| (8) | Risk Adjustment Transfer | 0.953 |
| (9) | Exchange Fee | 1.000 |
| (10) | Risk Adjustment Fee | 1.000 |
| (11) | Other Adjustment | x 1.000 |
| (12) | 2019 Market Adjusted Index Rate | \$590.11 |
| (13) | Change in Market Adjusted Index Rate | 33.3% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 2
Index Rate and Market Index Rate Development

| Source/Formula | Component | Value |
|---------------------------------|--|-----------------|
| (1) Exhibit 3 | Base Period Allowed PMPM | \$447.52 |
| (2) Exhibit 4 | Non-EHB Claims Adjustment | 0.985 |
| (3) = (1)*(2) | Experience Period Index Rate PMPM | \$440.61 |
| (4) Exhibit 8 | Annualized Trend - Claims Expenses | 3.91% |
| (5) | Months of Trend | 24 |
| (6) = (1+(4))^(24/12) | Trend Factor | 1.080 |
| (7) Exhibit 5 | Change in Average Utilization | 0.993 |
| (8) Exhibit 6 | Change in Demographics | 1.001 |
| (9) Exhibit 7 | Change in Morbidity | 1.000 |
| (10) Exhibit 8 | Additional EHB (including Ped Dental) | 1.006 |
| (11) = (3)x(6)x(7)x(8)x(9)x(10) | Projected Index Rate | \$475.51 |
| (12) Exhibit 13 | Risk Adjustment Transfer | 1.229 |
| (13) Exhibit 12 | Exchange Fee | 1.010 |
| (14) Exhibit 12 | Risk Adjustment Fee | 1.000 |
| (15) = (11)x(12)x(13)x(14) | Market Adjusted Index Rate | \$590.11 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Allowed Claims Development
Exhibit 3

| Current Pool | | Current Plans | Member Months | Total |
|--------------|--|---------------|---------------|----------|
| Individual | | All | 35,849 | \$449.63 |
| Small Group | | All | 43,336 | \$445.78 |
| Grand Total | | | 79,185 | \$447.52 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Non-EHB Adjustments
Exhibit 4

| Current Pool | Current Plans | Member Months | Non-EHB PMPM |
|--------------|---------------|---------------|--------------|
| Individual | All | 35,849 | \$6.94 |
| Small Group | All | 43,336 | \$6.89 |
| Grand Total | | 79,185 | \$6.92 |

| | |
|---|--------|
| Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)] | 0.9845 |
|---|--------|

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Utilization Copayment Effect Adjustment
Exhibit 5

| Current Pool | Current Plan | Member Months | Allowed Amount | Copay Impact |
|---------------------|---------------------|----------------------|-----------------------|---------------------|
| Individual | All | 35,849 | \$449.63 | 0.869 |
| Small Group | All | 43,336 | \$445.78 | 0.909 |
| Grand Total | | 79,185 | \$447.52 | 0.891 |

| Projected Pool | Projected Plan | Projected Member Months | Allowed Amount | Copay Impact |
|-----------------------|-----------------------|--------------------------------|-----------------------|---------------------|
| Individual | All | 41,385 | \$358.44 | 0.868 |
| Small Group | All | 48,056 | \$382.42 | 0.898 |
| Grand Total | | 89,441 | \$371.32 | 0.885 |

Experience to Projection Period Change in Average Utilization

| |
|-------|
| 0.993 |
|-------|

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual**

**Exhibit 6
Age Calibration Factor**

| | | Member Months | Average Age Factor ¹ | Weighed Average Age ² |
|--------------------|-------------|----------------------|--|---|
| Experience Period | Individual | 35849 | 1.070 | 42.4 |
| | Small Group | 43336 | 1.010 | 40.9 |
| | Combined | 79185 | 1.038 | 41.6 |
| Projection Period | Individual | 41385 | 1.070 | 42.4 |
| | Small Group | 48056 | 1.010 | 40.9 |
| | Combined | 89441 | 1.038 | 41.6 |
| Demographic Factor | | | | 1.0006 |

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 7
Morbidity Factor

| Component | Members Months | Morbidity |
|--|-----------------------|------------------|
| (1) Experience Period | 79,185 | 1.000 |
| (2) Projection Period | 79,185 | 1.000 |
| (3) New Members | 10,256 | 1.000 |
| (4) Total Single Risk Pool | 89,441 | 1.000 |
| (5) Adjustment to remove demographics from morbidity | | 1.000 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 8
Trend Factors

| Category | Weight | Trend | Cost | Utilization |
|---------------------|---------------|--------------|-------------|--------------------|
| Inpatient Hospital | 18.3% | 4.3% | 2.3% | 2.0% |
| Outpatient Hospital | 10.5% | 3.8% | 1.9% | 1.9% |
| Professional | 50.9% | 3.0% | 1.4% | 1.6% |
| Other | 3.1% | 2.8% | 1.2% | 1.6% |
| Prescription Drug | 17.2% | 6.3% | 5.3% | 0.9% |
| Composite | 100.0% | 3.9% | | |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Risk Adjustment and Morbidity Development
Exhibit 9

| | | Estimated 2017 | Assumed Change | Projected 2019 |
|--|---|-------------------|-------------------|-------------------|
| Platinum | | | | |
| (1) | Risk Adjustment Member Months* | 4,498 | | 5,352 |
| (2) | HHS Transfer Factor | 0.365 | 0.0% | 0.365 |
| (3) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (4) = (2) x (3) | Transfer PMPM | 133.39 | | 146.41 |
| (5) = (1) x (4) | Transfer \$ | 599,948 | | 783,506 |
| Gold | | | | |
| (6) | Risk Adjustment Member Months* | 7,288 | | 7,763 |
| (7) | HHS Transfer Factor | (0.232) | 0.0% | (0.232) |
| (8) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (9) = (7) x (8) | Transfer PMPM | (84.79) | | (93.06) |
| (10) = (6) x (9) | Transfer \$ | (617,886) | | (722,481) |
| | | \$0.00 | | \$0.00 |
| Silver | | | | |
| (11) | Risk Adjustment Member Months* | 8,945 | | 12,731 |
| (12) | HHS Transfer Factor | (0.281) | 0.0% | (0.281) |
| (13) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (14) = (12) x (13) | Transfer PMPM | (102.82) | | (112.86) |
| (15) = (11) x (14) | Transfer \$ | (919,738) | | (1,436,778) |
| | | \$0.00 | | \$0.00 |
| Bronze | | | | |
| (16) | Risk Adjustment Member Months* | 15,146 | | 14,807 |
| (17) | HHS Transfer Factor | (0.328) | 0.0% | (0.328) |
| (18) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (19) = (17) x (18) | Transfer PMPM | (119.85) | | (131.55) |
| (20) = (16) x (19) | Transfer \$ | (1,815,233) | | (1,947,826) |
| | | \$0.00 | | \$0.00 |
| Catastrophic | | | | |
| (21) | Risk Adjustment Member Months* | 355 | | 732 |
| (22) | HHS Transfer Factor | (0.039) | 0.0% | (0.039) |
| (23) | Statewide Average Premium PMPM (Catastrophic) | 96.28 | 9.8% | 105.68 |
| (24) = (22) x (23) | Transfer PMPM | (3.79) | | (4.16) |
| (25) = (21) x (24) | Transfer \$ | (1,348) | | (3,047) |
| Combined | | | | |
| (26) = (1) + (6) + (11) + (16) + (21) | Total Risk Adjustment Member Months* | 36,232 | | 41,385 |
| (27) = (28) / (26) | Total Transfer Paid (PMPM) | (76.02) | | (80.38) |
| (28) = (5) + (10) + (15) + (20) + (25) | Total Transfer Paid | (2,754,258) | | (3,326,627) |
| (29) (29) | Total Transfer Allowed (PMPM) | | | (108.51) |
| (30) (30) | Risk Adjustment factor for Market Adjusted Index Rate | | | 1.228 |

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:
$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

| | |
|--|--------|
| (31) Adjustment for change in risk in Kaiser membership (assuming no change) | 100.0% |
| (32) Adjustment for risk adjustment recoveries [= (30)] | 122.8% |
| (33) Risk Adjustment fee 1.8/12/ Average Baf / Plan Index Rate | 1.0004 |
| (34) Adjustment for net risk adjustment [(32) * (33)] | 122.9% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Administrative Expense Adjustment - Individual
Exhibit 10

| Retention Category | Percent of Revenue |
|--------------------------------|---------------------------|
| Claims Processing | 1.0% |
| Customer Service | 1.1% |
| Taxes | 2.0% |
| Capital Contribution | -22.4% |
| Member Communication Materials | 0.6% |
| Open Enrollment | 2.1% |
| Utilization Review | 2.5% |
| Care Management | 0.3% |
| Corporate and Other Overhead | 4.9% |
| Commissions | 1.2% |
| Total | -6.8% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Contract Limit of 3 Children Factor
Exhibit 11

| | Number of Children | Number of KP Subscribers | # of Children Above Rating Cap |
|---|-----------------------|-------------------------------|-----------------------------------|
| (1) | 0-3 | 4,916 | 0 |
| (2) | 4+ | 25 | 34 |
| (3) = (2) | | # of Non-rated Dependents | 34 |
| (4) | | Total Members | 6,628 |
| (5) | | Age Factor, non-rated dep | 0.654 |
| (6) | | Age Factor - Total Population | 1.038 |
| (7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$ | | Age Factor - Rated Population | 1.040 |
| (8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$ | | Adjustment Factor | 1.003 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 12
Plan Adjusted Index Rate Development

| | | Allowable Modifiers | | | | | | | | | | | |
|---------------|--------------------------------------|----------------------------|---|-------------------|-------------------------------------|-----------------------------|------------|-------|-----------------------------------|--------------------------|------------------------|------------------------|--|
| | | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) |
| Plan | Name | Market Adjusted Index Rate | Market Adjusted Index Rate (100% Plan Paid Basis) | Impact of Non-EHB | Impact of Contract Limit 3 Children | Impact of Non-Smoker Status | Pricing AV | Admin | Adjustment for Catastrophic Plans | Plan Adjusted Index Rate | Age Curve Calibration* | Area Curve Calibration | Calibrated Plan Adjusted Index Rate (Age 21 Base Rate) |
| 1 | KP DC Standard Platinum 0/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.845 | 0.937 | 1.000 | 537.96 | 0.700 | 1.000 | 376.73 |
| 2 | KP DC Gold 0/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.750 | 0.937 | 1.000 | 477.43 | 0.700 | 1.000 | 334.34 |
| 3 | KP DC Standard Gold 500/25/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.754 | 0.937 | 1.000 | 480.43 | 0.700 | 1.000 | 336.44 |
| 4 | KP DC Gold 1000/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.714 | 0.937 | 1.000 | 454.84 | 0.700 | 1.000 | 318.52 |
| 5 | KP DC Gold 1500/25%/HSA/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.712 | 0.937 | 1.000 | 453.21 | 0.700 | 1.000 | 317.38 |
| 6 | KP DC Standard Silver 3500/40/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.669 | 0.937 | 1.000 | 425.98 | 0.700 | 1.000 | 298.31 |
| 7 | KP DC Silver 2500/30/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.691 | 0.937 | 1.000 | 440.19 | 0.700 | 1.000 | 308.27 |
| 8 | KP DC Silver 3200/30%/HSA/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.658 | 0.937 | 1.000 | 418.78 | 0.700 | 1.000 | 293.27 |
| 9 | KP DC Standard Bronze 6650/50/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.631 | 0.937 | 1.000 | 401.98 | 0.700 | 1.000 | 281.51 |
| 10 | KP DC Bronze 6200/20%/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.601 | 0.937 | 1.000 | 382.77 | 0.700 | 1.000 | 268.05 |
| 11 | KP DC Bronze 6500/60/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.592 | 0.937 | 1.000 | 376.79 | 0.700 | 1.000 | 263.87 |
| 12 | KP DC Catastrophic 7900/0/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.531 | 0.937 | 0.900 | 304.18 | 0.700 | 1.000 | 213.02 |
| Average Value | | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.680 | 0.937 | 0.998 | 432.74 | 0.700 | 1.000 | 303.05 |

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual**

**Age Factors
Exhibit 13**

| Age | Age Slope | Age Factor Indexed to Age 21 |
|-----|-----------|------------------------------|
| 20 | 0.65 | 0.90 |
| 21 | 0.73 | 1.00 |
| 22 | 0.73 | 1.00 |
| 23 | 0.73 | 1.00 |
| 24 | 0.73 | 1.00 |
| 25 | 0.73 | 1.00 |
| 26 | 0.73 | 1.00 |
| 27 | 0.73 | 1.00 |
| 28 | 0.74 | 1.02 |
| 29 | 0.76 | 1.05 |
| 30 | 0.78 | 1.07 |
| 31 | 0.80 | 1.10 |
| 32 | 0.82 | 1.12 |
| 33 | 0.84 | 1.15 |
| 34 | 0.86 | 1.18 |
| 35 | 0.88 | 1.20 |
| 36 | 0.90 | 1.23 |
| 37 | 0.92 | 1.26 |
| 38 | 0.93 | 1.28 |
| 39 | 0.94 | 1.29 |
| 40 | 0.98 | 1.34 |
| 41 | 1.01 | 1.39 |
| 42 | 1.05 | 1.45 |
| 43 | 1.09 | 1.50 |
| 44 | 1.14 | 1.56 |
| 45 | 1.18 | 1.62 |
| 46 | 1.23 | 1.69 |
| 47 | 1.28 | 1.75 |
| 48 | 1.33 | 1.82 |
| 49 | 1.38 | 1.89 |
| 50 | 1.43 | 1.97 |
| 51 | 1.49 | 2.05 |
| 52 | 1.55 | 2.13 |
| 53 | 1.61 | 2.21 |
| 54 | 1.67 | 2.29 |
| 55 | 1.73 | 2.38 |
| 56 | 1.80 | 2.48 |
| 57 | 1.87 | 2.57 |
| 58 | 1.94 | 2.67 |
| 59 | 2.02 | 2.78 |
| 60 | 2.10 | 2.89 |
| 61 | 2.18 | 3.00 |
| 62 | 2.18 | 3.00 |
| 63 | 2.18 | 3.00 |
| 64+ | 2.18 | 3.00 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2019
District of Columbia Individual Exchange
Appendix I

| Age | Platinum | Gold | | Gold | | Gold | | Gold | | Silver | | Silver | | Silver | | Bronze | | Bronze | | Bronze | | Catastrophic | |
|--------------|-------------------------------------|------------------------|-----------------------------------|---------------------------|--------------------------------|--------------------------------------|-----------------------------|----------------------------------|--------------------------------------|---|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------------|----------|
| | KP DC Standard Platinum 0/20/Dental | KP DC Gold 0/20/Dental | KP DC Standard Gold 500/25/Dental | KP DC Gold 1000/20/Dental | KP DC Gold 1500/25%/HSA/Dental | KP DC Standard Silver 3500/40/Dental | KP DC Silver 2500/30/Dental | KP DC Silver 3200/30%/HSA/Dental | KP DC Standard Bronze 6500/50/Dental | KP DC Bronze 6200/30%/HSA/KP DC Bronze 6500/60/Dental | KP DC Catastrophic 7900/Dental | | | | | | | | | | | | |
| 20 and Under | \$338.90 | \$303.77 | \$303.77 | \$302.66 | \$286.54 | \$285.51 | \$286.36 | \$277.31 | \$283.82 | \$253.24 | \$253.27 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 |
| 21 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$309.27 | \$320.27 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 |
| 22 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$309.27 | \$320.27 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 |
| 23 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$309.27 | \$320.27 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 |
| 24 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$309.27 | \$320.27 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 |
| 25 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$309.27 | \$320.27 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 |
| 26 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$309.27 | \$320.27 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 |
| 27 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$309.27 | \$320.27 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 | \$281.51 | \$280.87 |
| 28 | \$385.54 | \$342.16 | \$342.16 | \$344.31 | \$325.97 | \$324.80 | \$325.97 | \$315.47 | \$330.12 | \$288.09 | \$287.34 | \$288.09 | \$287.34 | \$288.09 | \$287.34 | \$288.09 | \$287.34 | \$288.09 | \$287.34 | \$288.09 | \$287.34 | \$288.09 | \$287.34 |
| 29 | \$393.83 | \$349.52 | \$349.52 | \$351.72 | \$332.98 | \$331.79 | \$332.98 | \$322.26 | \$336.58 | \$294.28 | \$293.84 | \$294.28 | \$293.84 | \$294.28 | \$293.84 | \$294.28 | \$293.84 | \$294.28 | \$293.84 | \$294.28 | \$293.84 | \$294.28 | \$293.84 |
| 30 | \$403.68 | \$358.25 | \$358.25 | \$360.51 | \$341.30 | \$340.08 | \$341.30 | \$330.31 | \$344.24 | \$301.64 | \$301.22 | \$301.64 | \$301.22 | \$301.64 | \$301.22 | \$301.64 | \$301.22 | \$301.64 | \$301.22 | \$301.64 | \$301.22 | \$301.64 | \$301.22 |
| 31 | \$414.04 | \$367.45 | \$367.45 | \$369.76 | \$350.07 | \$348.81 | \$350.07 | \$339.39 | \$353.24 | \$309.39 | \$309.00 | \$309.39 | \$309.00 | \$309.39 | \$309.00 | \$309.39 | \$309.00 | \$309.39 | \$309.00 | \$309.39 | \$309.00 | \$309.39 | \$309.00 |
| 32 | \$423.37 | \$375.73 | \$375.73 | \$378.10 | \$357.95 | \$356.67 | \$357.95 | \$346.43 | \$359.27 | \$316.35 | \$316.00 | \$316.35 | \$316.00 | \$316.35 | \$316.00 | \$316.35 | \$316.00 | \$316.35 | \$316.00 | \$316.35 | \$316.00 | \$316.35 | \$316.00 |
| 33 | \$433.21 | \$384.47 | \$384.47 | \$386.89 | \$366.28 | \$364.97 | \$366.28 | \$355.40 | \$368.24 | \$323.71 | \$323.40 | \$323.71 | \$323.40 | \$323.71 | \$323.40 | \$323.71 | \$323.40 | \$323.71 | \$323.40 | \$323.71 | \$323.40 | \$323.71 | \$323.40 |
| 34 | \$443.58 | \$393.67 | \$393.67 | \$396.14 | \$375.04 | \$373.70 | \$375.04 | \$363.96 | \$375.90 | \$331.46 | \$331.20 | \$331.46 | \$331.20 | \$331.46 | \$331.20 | \$331.46 | \$331.20 | \$331.46 | \$331.20 | \$331.46 | \$331.20 | \$331.46 | \$331.20 |
| 35 | \$453.94 | \$402.86 | \$402.86 | \$405.40 | \$383.80 | \$382.43 | \$383.80 | \$372.44 | \$383.37 | \$339.20 | \$338.99 | \$339.20 | \$338.99 | \$339.20 | \$338.99 | \$339.20 | \$338.99 | \$339.20 | \$338.99 | \$339.20 | \$338.99 | \$339.20 | \$338.99 |
| 36 | \$464.31 | \$412.06 | \$412.06 | \$414.65 | \$392.56 | \$391.16 | \$392.56 | \$381.44 | \$392.93 | \$346.94 | \$346.69 | \$346.94 | \$346.69 | \$346.94 | \$346.69 | \$346.94 | \$346.69 | \$346.94 | \$346.69 | \$346.94 | \$346.69 | \$346.94 | \$346.69 |
| 37 | \$474.67 | \$421.26 | \$421.26 | \$423.91 | \$401.33 | \$399.89 | \$401.33 | \$389.41 | \$399.85 | \$353.69 | \$353.41 | \$353.69 | \$353.41 | \$353.69 | \$353.41 | \$353.69 | \$353.41 | \$353.69 | \$353.41 | \$353.69 | \$353.41 | \$353.69 | \$353.41 |
| 38 | \$480.37 | \$426.32 | \$426.32 | \$429.00 | \$406.15 | \$404.69 | \$406.15 | \$395.07 | \$395.04 | \$358.95 | \$358.64 | \$358.95 | \$358.64 | \$358.95 | \$358.64 | \$358.95 | \$358.64 | \$358.95 | \$358.64 | \$358.95 | \$358.64 | \$358.95 | \$358.64 |
| 39 | \$486.07 | \$431.38 | \$431.38 | \$434.09 | \$410.97 | \$409.50 | \$410.97 | \$399.73 | \$399.73 | \$363.21 | \$362.88 | \$363.21 | \$362.88 | \$363.21 | \$362.88 | \$363.21 | \$362.88 | \$363.21 | \$362.88 | \$363.21 | \$362.88 | \$363.21 | \$362.88 |
| 40 | \$491.77 | \$436.39 | \$436.39 | \$439.14 | \$415.76 | \$414.25 | \$415.76 | \$404.08 | \$404.08 | \$367.53 | \$367.17 | \$367.53 | \$367.17 | \$367.53 | \$367.17 | \$367.53 | \$367.17 | \$367.53 | \$367.17 | \$367.53 | \$367.17 | \$367.53 | \$367.17 |
| 41 | \$501.47 | \$441.39 | \$441.39 | \$444.18 | \$420.55 | \$419.02 | \$420.55 | \$408.66 | \$408.66 | \$371.80 | \$371.41 | \$371.80 | \$371.41 | \$371.80 | \$371.41 | \$371.80 | \$371.41 | \$371.80 | \$371.41 | \$371.80 | \$371.41 | \$371.80 | \$371.41 |
| 42 | \$507.17 | \$446.40 | \$446.40 | \$449.23 | \$425.34 | \$423.79 | \$425.34 | \$414.42 | \$414.42 | \$376.53 | \$376.13 | \$376.53 | \$376.13 | \$376.53 | \$376.13 | \$376.53 | \$376.13 | \$376.53 | \$376.13 | \$376.53 | \$376.13 | \$376.53 | \$376.13 |
| 43 | \$512.87 | \$451.41 | \$451.41 | \$454.28 | \$430.13 | \$428.56 | \$430.13 | \$419.10 | \$419.10 | \$381.26 | \$380.84 | \$381.26 | \$380.84 | \$381.26 | \$380.84 | \$381.26 | \$380.84 | \$381.26 | \$380.84 | \$381.26 | \$380.84 | \$381.26 | \$380.84 |
| 44 | \$518.57 | \$456.42 | \$456.42 | \$459.33 | \$434.92 | \$433.33 | \$434.92 | \$424.58 | \$424.58 | \$386.00 | \$385.56 | \$386.00 | \$385.56 | \$386.00 | \$385.56 | \$386.00 | \$385.56 | \$386.00 | \$385.56 | \$386.00 | \$385.56 | \$386.00 | \$385.56 |
| 45 | \$524.27 | \$461.43 | \$461.43 | \$464.38 | \$439.73 | \$438.13 | \$439.73 | \$430.24 | \$430.24 | \$390.78 | \$390.33 | \$390.78 | \$390.33 | \$390.78 | \$390.33 | \$390.78 | \$390.33 | \$390.78 | \$390.33 | \$390.78 | \$390.33 | \$390.78 | \$390.33 |
| 46 | \$529.97 | \$466.44 | \$466.44 | \$469.43 | \$444.54 | \$442.93 | \$444.54 | \$435.05 | \$435.05 | \$395.52 | \$395.06 | \$395.52 | \$395.06 | \$395.52 | \$395.06 | \$395.52 | \$395.06 | \$395.52 | \$395.06 | \$395.52 | \$395.06 | \$395.52 | \$395.06 |
| 47 | \$535.67 | \$471.45 | \$471.45 | \$474.48 | \$449.35 | \$447.73 | \$449.35 | \$440.06 | \$440.06 | \$400.30 | \$399.83 | \$400.30 | \$399.83 | \$400.30 | \$399.83 | \$400.30 | \$399.83 | \$400.30 | \$399.83 | \$400.30 | \$399.83 | \$400.30 | \$399.83 |
| 48 | \$541.37 | \$476.46 | \$476.46 | \$479.53 | \$454.16 | \$452.53 | \$454.16 | \$444.97 | \$444.97 | \$405.04 | \$404.56 | \$405.04 | \$404.56 | \$405.04 | \$404.56 | \$405.04 | \$404.56 | \$405.04 | \$404.56 | \$405.04 | \$404.56 | \$405.04 | \$404.56 |
| 49 | \$547.07 | \$481.47 | \$481.47 | \$484.60 | \$458.97 | \$457.33 | \$458.97 | \$450.08 | \$450.08 | \$410.18 | \$409.69 | \$410.18 | \$409.69 | \$410.18 | \$409.69 | \$410.18 | \$409.69 | \$410.18 | \$409.69 | \$410.18 | \$409.69 | \$410.18 | \$409.69 |
| 50 | \$552.77 | \$486.48 | \$486.48 | \$489.66 | \$463.78 | \$462.13 | \$463.78 | \$454.89 | \$454.89 | \$415.28 | \$414.78 | \$415.28 | \$414.78 | \$415.28 | \$414.78 | \$415.28 | \$414.78 | \$415.28 | \$414.78 | \$415.28 | \$414.78 | \$415.28 | \$414.78 |
| 51 | \$558.47 | \$491.49 | \$491.49 | \$494.72 | \$468.59 | \$466.93 | \$468.59 | \$460.09 | \$460.09 | \$420.38 | \$419.87 | \$420.38 | \$419.87 | \$420.38 | \$419.87 | \$420.38 | \$419.87 | \$420.38 | \$419.87 | \$420.38 | \$419.87 | \$420.38 | \$419.87 |
| 52 | \$564.17 | \$496.50 | \$496.50 | \$499.78 | \$473.40 | \$471.73 | \$473.40 | \$464.50 | \$464.50 | \$425.48 | \$424.96 | \$425.48 | \$424.96 | \$425.48 | \$424.96 | \$425.48 | \$424.96 | \$425.48 | \$424.96 | \$425.48 | \$424.96 | \$425.48 | \$424.96 |
| 53 | \$569.87 | \$501.51 | \$501.51 | \$504.84 | \$478.21 | \$476.53 | \$478.21 | \$469.09 | \$469.09 | \$430.57 | \$430.04 | \$430.57 | \$430.04 | \$430.57 | \$430.04 | \$430.57 | \$430.04 | \$430.57 | \$430.04 | \$430.57 | \$430.04 | \$430.57 | \$430.04 |
| 54 | \$575.57 | \$506.52 | \$506.52 | \$509.90 | \$483.02 | \$481.33 | \$483.02 | \$474.50 | \$474.50 | \$435.66 | \$435.12 | \$435.66 | \$435.12 | \$435.66 | \$435.12 | \$435.66 | \$435.12 | \$435.66 | \$435.12 | \$435.66 | \$435.12 | \$435.66 | \$435.12 |
| 55 | \$581.27 | \$511.53 | \$511.53 | \$514.96 | \$487.83 | \$486.13 | \$487.83 | \$479.09 | \$479.09 | \$440.75 | \$440.21 | \$440.75 | \$440.21 | \$440.75 | \$440.21 | \$440.75 | \$440.21 | \$440.75 | \$440.21 | \$440.75 | \$440.21 | \$440.75 | \$440.21 |
| 56 | \$586.97 | \$516.54 | \$516.54 | \$519.99 | \$492.64 | \$490.93 | \$492.64 | \$484.50 | \$484.50 | \$445.84 | \$445.29 | \$445.84 | \$445.29 | \$445.84 | \$445.29 | \$445.84 | \$445.29 | \$445.84 | \$445.29 | \$445.84 | \$445.29 | \$445.84 | \$445.29 |
| 57 | \$592.67 | \$521.55 | \$521.55 | \$525.04 | \$497.45 | \$495.73 | \$497.45 | \$489.09 | \$489.09 | \$450.92 | \$450.37 | \$450.92 | \$450.37 | \$450.92 | \$450.37 | \$450.92 | \$450.37 | \$450.92 | \$450.37 | \$450.92 | \$450.37 | \$450.92 | \$450.37 |
| 58 | \$598.37 | \$526.56 | \$526.56 | \$530.09 | \$502.26 | \$500.53 | \$502.26 | \$493.44 | \$493.44 | \$456.00 | \$455.44 | \$456.00 | \$455.44 | \$456.00 | \$455.44 | \$456.00 | \$455.44 | \$456.00 | \$455.44 | \$456.00 | \$455.44 | \$456.00 | \$455.44 |
| 59 | \$604.07 | \$531.57 | \$531.57 | \$535.14 | \$507.07 | \$505.33 | \$507.07 | \$497.89 | \$497.89 | \$461.08 | \$460.51 | \$461.08 | \$460.51 | \$461.08 | \$460.51 | \$461.08 | \$460.51 | \$461.08 | \$460.51 | \$461.08 | \$460.51 | \$461.08 | \$460.51 |
| 60 | \$609.77 | \$536.58 | \$536.58 | \$540.20 | \$511.88 | \$510.13 | \$511.88 | \$502.49 | \$502.49 | \$466.17 | \$465.59 | \$466.17 | \$465.59 | \$466.17 | \$465.59 | \$466.17 | \$465.59 | \$466.17 | \$465.59 | \$466.17 | \$465.59 | \$466.17 | \$465.59 |
| 61 | \$615.47 | \$541.59 | \$541.59 | \$545.26 | \$516.69 | \$514.93 | \$516.69 | \$507.99 | \$507.99 | \$471.26 | \$470.67 | \$471.26 | \$470.67 | \$471.26 | \$470.67 | \$471.26 | \$470.67 | \$471.26 | \$470.67 | \$471.26 | \$470.67 | \$471.26 | \$470.67 |
| 62 | \$621.17 | \$546.60 | \$546.60 | \$550.32 | \$521.50 | \$519.73 | \$521.50 | \$512.69 | \$512.69 | \$476.35 | \$475.75 | \$476.35 | \$475.75 | \$476.35 | \$475.75 | \$476.35 | \$475.75 | \$476.35 | \$475.75 | \$476.35 | \$475.75 | \$476.35 | \$475.75 |
| 63 | \$626.87 | \$551.61 | \$551.61 | \$555.38 | \$526.31 | \$524.53 | \$526.31 | \$517.69 | \$517.69 | \$481.44 | \$480.83 | \$481.44 | \$480.83 | \$481.44 | \$480.83 | \$481.44 | \$480.83 | \$481.44 | \$480.83 | \$481.44 | \$480.83 | \$481.44 | \$480.83 |
| 64+ | \$632.57 | \$556.62 | \$556.62 | \$560.44 | \$531.12 | \$529.33 | \$531.12 | | | | | | | | | | | | | | | | |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia

2019 Direct Payment (Personal Advantage) Rate Filing

HIOS Issuer ID: 94506

HIOS Product ID 94506DC039

Form Numbers: DC-DP-0-0-AI-DENTAL-HMO(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-19)HIX, DC-DP-CATASTROPHIC-7900-0-DENTAL-DHMO(01-19)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2200-30-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-BRONZE-6650-50-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3000-40-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-19)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20-HSA-DENTAL-HDHP-RX(01-19)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the individual exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 1, 2019. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

KFHP an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. KFHP also offers Deductible and High Deductible plans, some of which are HSA qualified. For the purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered plans that existed prior to March 23, 2010.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2018 to 2019 is 27.3%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2019 to the 2018 factor, so a 1.000 indicates no impact on the rate change.

| Source of Change | 2019/2018 |
|--|---------------|
| Based Period Experience | 1.336 |
| Base Period Util Copay | 1.004 |
| Pricing Trend | 1.003 |
| Morbidity Adjustment | 1.000 |
| Risk Adjustment Recoveries | 0.953 |
| Reinsurance Recoveries | 1.000 |
| Reinsurance Premium | 1.000 |
| Average Age Impact | 0.996 |
| Additional EHB | 0.999 |
| Exchange Fee | 1.000 |
| Fixed Cost Adjustment | 1.000 |
| Total Market Adjusted Index Rate Change | 127.3% |

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2019 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2017 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2019. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

The calendar 2017 base data includes 79,185 members months (average monthly of 6,599) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 10.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal costs, which are allocated and immaterial reporting lag.

The completion factors used to complete the base period external claims are taken from the KFHP's overall commercial line of business by type of service. The claims are incurred in 2017 and paid through 1/31/2018.

Premium:

Premium was captured for calendar year 2017 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

| Benefit Category | Services |
|--------------------|---|
| Inpatient Hospital | Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity |

| | |
|---------------------|---|
| Outpatient Hospital | Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery |
| Professional | Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST |
| Other Medical | Other Services |
| Capitation | Adult Preventive Dental |
| Prescription Drug | Pharmacy |

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from rows (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2019 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2019 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 10 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$6,018.88.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2017) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2019) based on the expected risk profile relative to the market of the Individual line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2019).

Exhibit 8 was used to show the development of the reinsurance adjustment. This exhibit is not currently in use.

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of -22.36%, shown in Exhibit 9, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Individual members, we decided to have negative margin and phase in the required rate increase over several years to make the 2019 rates more affordable.

Taxes and Fees

Administrative expenses have been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year only.

The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of -6.76%, which includes a -22.36% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 108.8%. The ultimate MLR would be expected to be slightly higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2019 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2017 to 2019, our projected total annualized medical expense trend for Individual is 3.9% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for a standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2019 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 10 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate. Because the small and individual pools are combined in District of Columbia, we could not use the methodology to estimate the catastrophic index rate we had developed for other jurisdictions where the pools were separate. Therefore, we have used the modeled impact from these other jurisdictions as a guide. We have adjusted the index rate lower by 10% to represent the expected average cost per member.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest

rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2019), we added the new adult preventative capitation rate (\$1.28 PMPM) to the Non-EHB line to calculate the new Non-EHB adjustment factor in the rating period.

Contract limit of 3 Children factor

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on January 2018 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

Plans were included in the experience period that will be terminated prior to the effective date:
None

Plans were available after the experience period that will be terminated prior to the effective date:
KP DC Silver 6000/35/Dental

Warning Alert:

There are no warning alerts in the URRT.

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 10. The final 2019 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustment
- Exhibit 5 – Demographic Adjustment
- Exhibits 6 – Trend Calculation
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual

- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – was Reinsurance Adjustment Factor, this exhibit not currently in use
- Exhibit 9 – Administrative Expense Adjustment
- Exhibit 10 – Plan Adjusted Index Rates Development
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Embedded Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I - Rate Sheet


Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 27, 2018. Changes to the applicable regulations, including but not limited to Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/27/2018

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 1
Year to Year Change in Market Adjusted Index Rate

| | | |
|------|---|-----------------|
| (1) | 2018 Market Adjusted Index Rate | \$442.76 |
| (2) | Base Experience | 1.336 |
| (3) | Annualized Trend | 1.003 |
| (4) | Change in Average Utilization | 1.050 |
| (5) | Change in Demographics | 0.996 |
| (6) | Change in Morbidity | 1.000 |
| (7) | Embedded Pediatric Dental Factor | 0.999 |
| (8) | Risk Adjustment Transfer | 0.953 |
| (9) | Exchange Fee | 1.000 |
| (10) | Risk Adjustment Fee | 1.000 |
| (11) | Other Adjustment | x 1.000 |
| (12) | 2019 Market Adjusted Index Rate | \$590.11 |
| (13) | Change in Market Adjusted Index Rate | 33.3% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 2
Index Rate and Market Index Rate Development

| Source/Formula | Component | Value |
|---------------------------------|--|-----------------|
| (1) Exhibit 3 | Base Period Allowed PMPM | \$447.52 |
| (2) Exhibit 4 | Non-EHB Claims Adjustment | 0.985 |
| (3) = (1)*(2) | Experience Period Index Rate PMPM | \$440.61 |
| (4) Exhibit 8 | Annualized Trend - Claims Expenses | 3.91% |
| (5) | Months of Trend | 24 |
| (6) = (1+(4))^(24/12) | Trend Factor | 1.080 |
| (7) Exhibit 5 | Change in Average Utilization | 0.993 |
| (8) Exhibit 6 | Change in Demographics | 1.001 |
| (9) Exhibit 7 | Change in Morbidity | 1.000 |
| (10) Exhibit 8 | Additional EHB (including Ped Dental) | 1.006 |
| (11) = (3)x(6)x(7)x(8)x(9)x(10) | Projected Index Rate | \$475.51 |
| (12) Exhibit 13 | Risk Adjustment Transfer | 1.229 |
| (13) Exhibit 12 | Exchange Fee | 1.010 |
| (14) Exhibit 12 | Risk Adjustment Fee | 1.000 |
| (15) = (11)x(12)x(13)x(14) | Market Adjusted Index Rate | \$590.11 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Allowed Claims Development
Exhibit 3

| Current Pool | | Current Plans | Member Months | Total |
|--------------|--|---------------|---------------|----------|
| Individual | | All | 35,849 | \$449.63 |
| Small Group | | All | 43,336 | \$445.78 |
| Grand Total | | | 79,185 | \$447.52 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Non-EHB Adjustments
Exhibit 4

| Current Pool | Current Plans | Member Months | Non-EHB PMPM |
|--------------|---------------|---------------|--------------|
| Individual | All | 35,849 | \$6.94 |
| Small Group | All | 43,336 | \$6.89 |
| Grand Total | | 79,185 | \$6.92 |

| | |
|---|--------|
| Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)] | 0.9845 |
|---|--------|

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Utilization Copayment Effect Adjustment
Exhibit 5

| Current Pool | Current Plan | Member Months | Allowed Amount | Copay Impact |
|---------------------|---------------------|----------------------|-----------------------|---------------------|
| Individual | All | 35,849 | \$449.63 | 0.869 |
| Small Group | All | 43,336 | \$445.78 | 0.909 |
| Grand Total | | 79,185 | \$447.52 | 0.891 |

| Projected Pool | Projected Plan | Projected Member Months | Allowed Amount | Copay Impact |
|-----------------------|-----------------------|--------------------------------|-----------------------|---------------------|
| Individual | All | 41,385 | \$358.44 | 0.868 |
| Small Group | All | 48,056 | \$382.42 | 0.898 |
| Grand Total | | 89,441 | \$371.32 | 0.885 |

Experience to Projection Period Change in Average Utilization

| |
|-------|
| 0.993 |
|-------|

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual**

**Exhibit 6
Age Calibration Factor**

| | | Member Months | Average Age Factor ¹ | Weighed Average Age ² |
|--------------------|-------------|----------------------|--|---|
| Experience Period | Individual | 35849 | 1.070 | 42.4 |
| | Small Group | 43336 | 1.010 | 40.9 |
| | Combined | 79185 | 1.038 | 41.6 |
| Projection Period | Individual | 41385 | 1.070 | 42.4 |
| | Small Group | 48056 | 1.010 | 40.9 |
| | Combined | 89441 | 1.038 | 41.6 |
| Demographic Factor | | | | 1.0006 |

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 7
Morbidity Factor

| Component | Members Months | Morbidity |
|--|-----------------------|------------------|
| (1) Experience Period | 79,185 | 1.000 |
| (2) Projection Period | 79,185 | 1.000 |
| (3) New Members | 10,256 | 1.000 |
| (4) Total Single Risk Pool | 89,441 | 1.000 |
| (5) Adjustment to remove demographics from morbidity | | 1.000 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 8
Trend Factors

| Category | Weight | Trend | Cost | Utilization |
|---------------------|---------------|--------------|-------------|--------------------|
| Inpatient Hospital | 18.3% | 4.3% | 2.3% | 2.0% |
| Outpatient Hospital | 10.5% | 3.8% | 1.9% | 1.9% |
| Professional | 50.9% | 3.0% | 1.4% | 1.6% |
| Other | 3.1% | 2.8% | 1.2% | 1.6% |
| Prescription Drug | 17.2% | 6.3% | 5.3% | 0.9% |
| Composite | 100.0% | 3.9% | | |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Risk Adjustment and Morbidity Development
Exhibit 9

| | | Estimated 2017 | Assumed Change | Projected 2019 |
|--|---|-------------------|-------------------|-------------------|
| Platinum | | | | |
| (1) | Risk Adjustment Member Months* | 4,498 | | 5,352 |
| (2) | HHS Transfer Factor | 0.365 | 0.0% | 0.365 |
| (3) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (4) = (2) x (3) | Transfer PMPM | 133.39 | | 146.41 |
| (5) = (1) x (4) | Transfer \$ | 599,948 | | 783,506 |
| Gold | | | | |
| (6) | Risk Adjustment Member Months* | 7,288 | | 7,763 |
| (7) | HHS Transfer Factor | (0.232) | 0.0% | (0.232) |
| (8) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (9) = (7) x (8) | Transfer PMPM | (84.79) | | (93.06) |
| (10) = (6) x (9) | Transfer \$ | (617,886) | | (722,481) |
| | | \$0.00 | | \$0.00 |
| Silver | | | | |
| (11) | Risk Adjustment Member Months* | 8,945 | | 12,731 |
| (12) | HHS Transfer Factor | (0.281) | 0.0% | (0.281) |
| (13) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (14) = (12) x (13) | Transfer PMPM | (102.82) | | (112.86) |
| (15) = (11) x (14) | Transfer \$ | (919,738) | | (1,436,778) |
| | | \$0.00 | | \$0.00 |
| Bronze | | | | |
| (16) | Risk Adjustment Member Months* | 15,146 | | 14,807 |
| (17) | HHS Transfer Factor | (0.328) | 0.0% | (0.328) |
| (18) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (19) = (17) x (18) | Transfer PMPM | (119.85) | | (131.55) |
| (20) = (16) x (19) | Transfer \$ | (1,815,233) | | (1,947,826) |
| | | \$0.00 | | \$0.00 |
| Catastrophic | | | | |
| (21) | Risk Adjustment Member Months* | 355 | | 732 |
| (22) | HHS Transfer Factor | (0.039) | 0.0% | (0.039) |
| (23) | Statewide Average Premium PMPM (Catastrophic) | 96.28 | 9.8% | 105.68 |
| (24) = (22) x (23) | Transfer PMPM | (3.79) | | (4.16) |
| (25) = (21) x (24) | Transfer \$ | (1,348) | | (3,047) |
| Combined | | | | |
| (26) = (1) + (6) + (11) + (16) + (21) | Total Risk Adjustment Member Months* | 36,232 | | 41,385 |
| (27) = (28) / (26) | Total Transfer Paid (PMPM) | (76.02) | | (80.38) |
| (28) = (5) + (10) + (15) + (20) + (25) | Total Transfer Paid | (2,754,258) | | (3,326,627) |
| (29) (29) | Total Transfer Allowed (PMPM) | | | (108.51) |
| (30) (30) | Risk Adjustment factor for Market Adjusted Index Rate | | | 1.228 |

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:
$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

| | |
|--|--------|
| (31) Adjustment for change in risk in Kaiser membership (assuming no change) | 100.0% |
| (32) Adjustment for risk adjustment recoveries [= (30)] | 122.8% |
| (33) Risk Adjustment fee 1.8/12/ Average Baf / Plan Index Rate | 1.0004 |
| (34) Adjustment for net risk adjustment [(32) * (33)] | 122.9% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Administrative Expense Adjustment - Individual
Exhibit 10

| Retention Category | Percent of Revenue |
|--------------------------------|--------------------|
| Claims Processing | 1.0% |
| Customer Service | 1.1% |
| Taxes | 2.0% |
| Capital Contribution | -22.4% |
| Member Communication Materials | 0.6% |
| Open Enrollment | 2.1% |
| Utilization Review | 2.5% |
| Care Management | 0.3% |
| Corporate and Other Overhead | 4.9% |
| Commissions | 1.2% |
| Total | -6.8% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Contract Limit of 3 Children Factor
Exhibit 11

| | Number of Children | Number of KP Subscribers | # of Children Above Rating Cap |
|---|-----------------------|-------------------------------|-----------------------------------|
| (1) | 0-3 | 4,916 | 0 |
| (2) | 4+ | 25 | 34 |
| (3) = (2) | | # of Non-rated Dependents | 34 |
| (4) | | Total Members | 6,628 |
| (5) | | Age Factor, non-rated dep | 0.654 |
| (6) | | Age Factor - Total Population | 1.038 |
| (7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$ | | Age Factor - Rated Population | 1.040 |
| (8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$ | | Adjustment Factor | 1.003 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 12
Plan Adjusted Index Rate Development

| | | Allowable Modifiers | | | | | | | | | | | |
|---------------|--------------------------------------|----------------------------|---|-------------------|-------------------------------------|-----------------------------|------------|-------|-----------------------------------|--------------------------|------------------------|------------------------|--|
| | | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) |
| Plan | Name | Market Adjusted Index Rate | Market Adjusted Index Rate (100% Plan Paid Basis) | Impact of Non-EHB | Impact of Contract Limit 3 Children | Impact of Non-Smoker Status | Pricing AV | Admin | Adjustment for Catastrophic Plans | Plan Adjusted Index Rate | Age Curve Calibration* | Area Curve Calibration | Calibrated Plan Adjusted Index Rate (Age 21 Base Rate) |
| 1 | KP DC Standard Platinum 0/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.845 | 0.937 | 1.000 | 537.96 | 0.700 | 1.000 | 376.73 |
| 2 | KP DC Gold 0/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.750 | 0.937 | 1.000 | 477.43 | 0.700 | 1.000 | 334.34 |
| 3 | KP DC Standard Gold 500/25/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.754 | 0.937 | 1.000 | 480.43 | 0.700 | 1.000 | 336.44 |
| 4 | KP DC Gold 1000/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.714 | 0.937 | 1.000 | 454.84 | 0.700 | 1.000 | 318.52 |
| 5 | KP DC Gold 1500/25%/HSA/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.712 | 0.937 | 1.000 | 453.21 | 0.700 | 1.000 | 317.38 |
| 6 | KP DC Standard Silver 3500/40/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.669 | 0.937 | 1.000 | 425.98 | 0.700 | 1.000 | 298.31 |
| 7 | KP DC Silver 2500/30/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.691 | 0.937 | 1.000 | 440.19 | 0.700 | 1.000 | 308.27 |
| 8 | KP DC Silver 3200/30%/HSA/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.658 | 0.937 | 1.000 | 418.78 | 0.700 | 1.000 | 293.27 |
| 9 | KP DC Standard Bronze 6650/50/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.631 | 0.937 | 1.000 | 401.98 | 0.700 | 1.000 | 281.51 |
| 10 | KP DC Bronze 6200/20%/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.601 | 0.937 | 1.000 | 382.77 | 0.700 | 1.000 | 268.05 |
| 11 | KP DC Bronze 6500/60/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.592 | 0.937 | 1.000 | 376.79 | 0.700 | 1.000 | 263.87 |
| 12 | KP DC Catastrophic 7900/0/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.531 | 0.937 | 0.900 | 304.18 | 0.700 | 1.000 | 213.02 |
| Average Value | | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.680 | 0.937 | 0.998 | 432.74 | 0.700 | 1.000 | 303.05 |

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual**

**Age Factors
Exhibit 13**

| Age | Age Slope | Age Factor Indexed to Age 21 |
|-----|-----------|------------------------------|
| 20 | 0.65 | 0.90 |
| 21 | 0.73 | 1.00 |
| 22 | 0.73 | 1.00 |
| 23 | 0.73 | 1.00 |
| 24 | 0.73 | 1.00 |
| 25 | 0.73 | 1.00 |
| 26 | 0.73 | 1.00 |
| 27 | 0.73 | 1.00 |
| 28 | 0.74 | 1.02 |
| 29 | 0.76 | 1.05 |
| 30 | 0.78 | 1.07 |
| 31 | 0.80 | 1.10 |
| 32 | 0.82 | 1.12 |
| 33 | 0.84 | 1.15 |
| 34 | 0.86 | 1.18 |
| 35 | 0.88 | 1.20 |
| 36 | 0.90 | 1.23 |
| 37 | 0.92 | 1.26 |
| 38 | 0.93 | 1.28 |
| 39 | 0.94 | 1.29 |
| 40 | 0.98 | 1.34 |
| 41 | 1.01 | 1.39 |
| 42 | 1.05 | 1.45 |
| 43 | 1.09 | 1.50 |
| 44 | 1.14 | 1.56 |
| 45 | 1.18 | 1.62 |
| 46 | 1.23 | 1.69 |
| 47 | 1.28 | 1.75 |
| 48 | 1.33 | 1.82 |
| 49 | 1.38 | 1.89 |
| 50 | 1.43 | 1.97 |
| 51 | 1.49 | 2.05 |
| 52 | 1.55 | 2.13 |
| 53 | 1.61 | 2.21 |
| 54 | 1.67 | 2.29 |
| 55 | 1.73 | 2.38 |
| 56 | 1.80 | 2.48 |
| 57 | 1.87 | 2.57 |
| 58 | 1.94 | 2.67 |
| 59 | 2.02 | 2.78 |
| 60 | 2.10 | 2.89 |
| 61 | 2.18 | 3.00 |
| 62 | 2.18 | 3.00 |
| 63 | 2.18 | 3.00 |
| 64+ | 2.18 | 3.00 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2019
District of Columbia Individual Exchange
Appendix I

| Age | Platinum | Gold | | Gold | | Gold | | Gold | | Silver | | Silver | | Silver | | Bronze | | Bronze | | Bronze | | Catastrophic | |
|--------------|-------------------------------------|------------------------|-----------------------------------|---------------------------|--------------------------------|--------------------------------------|-----------------------------|----------------------------------|--------------------------------------|---|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------------|----------|
| | KP DC Standard Platinum 0/20/Dental | KP DC Gold 0/20/Dental | KP DC Standard Gold 500/25/Dental | KP DC Gold 1000/20/Dental | KP DC Gold 1500/25%/HSA/Dental | KP DC Standard Silver 3500/40/Dental | KP DC Silver 2500/30/Dental | KP DC Silver 3200/30%/HSA/Dental | KP DC Standard Bronze 6500/50/Dental | KP DC Bronze 6200/30%/HSA/KP DC Bronze 6500/60/Dental | KP DC Catastrophic 7900/Dental | | | | | | | | | | | | |
| 20 and Under | \$338.90 | \$303.77 | \$303.77 | \$302.66 | \$286.54 | \$285.51 | \$286.36 | \$277.31 | \$283.82 | \$253.24 | \$253.27 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 |
| 21 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 22 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 23 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 24 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 25 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 26 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 27 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$318.52 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 28 | \$385.54 | \$342.16 | \$342.16 | \$344.31 | \$325.97 | \$324.80 | \$325.97 | \$315.47 | \$330.12 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 | \$288.09 |
| 29 | \$393.83 | \$349.52 | \$349.52 | \$351.72 | \$332.98 | \$331.79 | \$332.98 | \$322.26 | \$336.58 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 |
| 30 | \$403.68 | \$358.25 | \$358.25 | \$360.51 | \$341.30 | \$340.08 | \$341.30 | \$330.31 | \$334.24 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 |
| 31 | \$414.04 | \$367.45 | \$367.45 | \$369.76 | \$350.07 | \$348.81 | \$350.07 | \$339.39 | \$343.43 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 |
| 32 | \$423.37 | \$375.73 | \$375.73 | \$378.10 | \$357.95 | \$356.67 | \$357.95 | \$346.43 | \$350.25 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 |
| 33 | \$433.21 | \$384.47 | \$384.47 | \$386.89 | \$366.28 | \$364.97 | \$366.28 | \$355.40 | \$359.24 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 |
| 34 | \$443.58 | \$393.67 | \$393.67 | \$396.14 | \$375.04 | \$373.70 | \$375.04 | \$363.96 | \$367.80 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 |
| 35 | \$453.94 | \$402.86 | \$402.86 | \$405.40 | \$383.80 | \$382.43 | \$383.80 | \$372.44 | \$376.28 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 |
| 36 | \$464.31 | \$412.06 | \$412.06 | \$414.65 | \$392.56 | \$391.16 | \$392.56 | \$381.44 | \$385.28 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 | \$347.93 |
| 37 | \$474.67 | \$421.26 | \$421.26 | \$423.91 | \$401.33 | \$399.89 | \$401.33 | \$390.41 | \$394.25 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 | \$355.69 |
| 38 | \$480.37 | \$426.32 | \$426.32 | \$429.00 | \$406.15 | \$404.69 | \$406.15 | \$395.07 | \$398.91 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 | \$363.94 |
| 39 | \$486.07 | \$431.38 | \$431.38 | \$434.09 | \$410.97 | \$409.50 | \$410.97 | \$399.73 | \$403.57 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 | \$371.94 |
| 40 | \$491.77 | \$436.39 | \$436.39 | \$439.14 | \$415.76 | \$414.25 | \$415.76 | \$405.50 | \$409.34 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 | \$379.73 |
| 41 | \$501.46 | \$441.39 | \$441.39 | \$444.18 | \$420.55 | \$419.00 | \$420.55 | \$410.74 | \$414.58 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 | \$388.52 |
| 42 | \$511.15 | \$446.40 | \$446.40 | \$449.23 | \$425.34 | \$423.75 | \$425.34 | \$416.08 | \$419.92 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 | \$396.31 |
| 43 | \$521.84 | \$451.41 | \$451.41 | \$454.28 | \$430.13 | \$428.50 | \$430.13 | \$420.84 | \$424.68 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 | \$403.00 |
| 44 | \$532.53 | \$456.42 | \$456.42 | \$459.33 | \$435.14 | \$433.45 | \$435.14 | \$425.88 | \$429.72 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 | \$407.04 |
| 45 | \$543.22 | \$461.43 | \$461.43 | \$464.38 | \$440.15 | \$438.40 | \$440.15 | \$430.80 | \$434.64 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 | \$412.06 |
| 46 | \$553.91 | \$466.44 | \$466.44 | \$469.43 | \$445.16 | \$443.35 | \$445.16 | \$435.84 | \$439.68 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 | \$417.00 |
| 47 | \$564.60 | \$471.45 | \$471.45 | \$474.48 | \$450.17 | \$448.26 | \$450.17 | \$440.72 | \$444.56 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 | \$421.94 |
| 48 | \$575.29 | \$476.46 | \$476.46 | \$479.53 | \$455.18 | \$453.17 | \$455.18 | \$445.60 | \$449.44 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 | \$426.31 |
| 49 | \$585.98 | \$481.47 | \$481.47 | \$484.64 | \$460.19 | \$458.03 | \$460.19 | \$450.52 | \$454.36 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 | \$431.23 |
| 50 | \$596.67 | \$486.48 | \$486.48 | \$489.70 | \$465.20 | \$462.90 | \$465.20 | \$456.56 | \$460.40 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 | \$437.10 |
| 51 | \$607.36 | \$491.49 | \$491.49 | \$494.76 | \$470.21 | \$467.80 | \$470.21 | \$461.52 | \$465.36 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 | \$443.00 |
| 52 | \$618.05 | \$496.50 | \$496.50 | \$499.82 | \$475.22 | \$472.75 | \$475.22 | \$465.50 | \$469.34 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 | \$446.31 |
| 53 | \$628.74 | \$501.51 | \$501.51 | \$504.88 | \$480.23 | \$477.65 | \$480.23 | \$471.52 | \$475.36 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 | \$452.00 |
| 54 | \$639.43 | \$506.52 | \$506.52 | \$509.94 | \$485.24 | \$482.55 | \$485.24 | \$476.56 | \$480.40 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 | \$457.04 |
| 55 | \$650.12 | \$511.53 | \$511.53 | \$514.99 | \$490.25 | \$487.45 | \$490.25 | \$481.56 | \$485.40 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 | \$462.04 |
| 56 | \$660.81 | \$516.54 | \$516.54 | \$519.99 | \$495.26 | \$492.35 | \$495.26 | \$486.52 | \$490.36 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 | \$467.00 |
| 57 | \$671.50 | \$521.55 | \$521.55 | \$525.00 | \$500.27 | \$497.20 | \$500.27 | \$491.44 | \$495.28 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 | \$472.00 |
| 58 | \$682.19 | \$526.56 | \$526.56 | \$530.00 | \$505.28 | \$502.05 | \$505.28 | \$496.32 | \$500.16 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 | \$476.00 |
| 59 | \$692.88 | \$531.57 | \$531.57 | \$535.00 | \$510.29 | \$506.85 | \$510.29 | \$501.20 | \$505.04 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 | \$481.00 |
| 60 | \$703.57 | \$536.58 | \$536.58 | \$540.00 | \$515.30 | \$511.65 | \$515.30 | \$505.84 | \$509.68 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 | \$486.00 |
| 61 | \$714.26 | \$541.59 | \$541.59 | \$545.00 | \$520.31 | \$516.45 | \$520.31 | \$510.40 | \$514.24 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 | \$491.00 |
| 62 | \$724.95 | \$546.60 | \$546.60 | \$550.00 | \$525.32 | \$521.25 | \$525.32 | \$514.80 | \$518.64 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 | \$497.00 |
| 63 | \$735.64 | \$551.61 | \$551.61 | \$555.00 | \$530.33 | \$525.95 | \$530.33 | \$519.60 | \$523.44 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 | \$502.00 |
| 64+ | \$746.33 | \$556.62 | \$556.62 | \$560.00 | \$535.34 | \$530.65 | \$53 | | | | | | | | | | | | | | | | |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia

2019 Direct Payment (Personal Advantage) Rate Filing

HIOS Issuer ID: 94506

HIOS Product ID 94506DC039

Form Numbers: DC-DP-0-0-AI-DENTAL-HMO(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-19)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-19)HIX, DC-DP-CATASTROPHIC-7900-0-DENTAL-DHMO(01-19)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2200-30-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-SILVER-2500-30-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-BRONZE-6650-50-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3000-40-CSR-DENTAL-DHMO(01-19)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-19)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-19)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-19)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-19)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-GOLD-1500-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP-RX(01-19)HIX, DC-DP-SILVER-3200-30%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-DP-STANDARD-BRONZE-6200-20-HSA-DENTAL-HDHP-RX(01-19)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the individual exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 1, 2019. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

KFHP an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. KFHP also offers Deductible and High Deductible plans, some of which are HSA qualified. For the purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered plans that existed prior to March 23, 2010.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2018 to 2019 is 27.3%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2019 to the 2018 factor, so a 1.000 indicates no impact on the rate change.

| Source of Change | 2019/2018 |
|--|---------------|
| Based Period Experience | 1.336 |
| Base Period Util Copay | 1.004 |
| Pricing Trend | 1.003 |
| Morbidity Adjustment | 1.000 |
| Risk Adjustment Recoveries | 0.953 |
| Reinsurance Recoveries | 1.000 |
| Reinsurance Premium | 1.000 |
| Average Age Impact | 0.996 |
| Additional EHB | 0.999 |
| Exchange Fee | 1.000 |
| Fixed Cost Adjustment | 1.000 |
| Total Market Adjusted Index Rate Change | 127.3% |

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2019 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2017 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2019. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

The calendar 2017 base data includes 79,185 members months (average monthly of 6,599) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 10.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal costs, which are allocated and immaterial reporting lag.

The completion factors used to complete the base period external claims are taken from the KFHP's overall commercial line of business by type of service. The claims are incurred in 2017 and paid through 1/31/2018.

Premium:

Premium was captured for calendar year 2017 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

| Benefit Category | Services |
|--------------------|---|
| Inpatient Hospital | Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity |

| | |
|---------------------|---|
| Outpatient Hospital | Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery |
| Professional | Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST |
| Other Medical | Other Services |
| Capitation | Adult Preventive Dental |
| Prescription Drug | Pharmacy |

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from rows (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2019 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2019 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 10 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$6,018.88.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2017) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2019) based on the expected risk profile relative to the market of the Individual line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2019).

Exhibit 8 was used to show the development of the reinsurance adjustment. This exhibit is not currently in use.

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of -22.36%, shown in Exhibit 9, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Individual members, we decided to have negative margin and phase in the required rate increase over several years to make the 2019 rates more affordable.

Taxes and Fees

Administrative expenses have been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year only.

The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of -6.76%, which includes a -22.36% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 108.8%. The ultimate MLR would be expected to be slightly higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2019 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2017 to 2019, our projected total annualized medical expense trend for Individual is 3.9% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for a standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2019 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 10 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate. Because the small and individual pools are combined in District of Columbia, we could not use the methodology to estimate the catastrophic index rate we had developed for other jurisdictions where the pools were separate. Therefore, we have used the modeled impact from these other jurisdictions as a guide. We have adjusted the index rate lower by 10% to represent the expected average cost per member.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest

rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2019), we added the new adult preventative capitation rate (\$1.28 PMPM) to the Non-EHB line to calculate the new Non-EHB adjustment factor in the rating period.

Contract limit of 3 Children factor

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on January 2018 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Terminated Plans:

Plans were included in the experience period that will be terminated prior to the effective date:
None

Plans were available after the experience period that will be terminated prior to the effective date:
KP DC Silver 6000/35/Dental

Warning Alert:

There are no warning alerts in the URRT.

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 10. The final 2019 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustment
- Exhibit 5 – Demographic Adjustment
- Exhibits 6 – Trend Calculation
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual

- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – was Reinsurance Adjustment Factor, this exhibit not currently in use
- Exhibit 9 – Administrative Expense Adjustment
- Exhibit 10 – Plan Adjusted Index Rates Development
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Embedded Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I - Rate Sheet

Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 27, 2018. Changes to the applicable regulations, including but not limited to Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/27/2018

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 1
Year to Year Change in Market Adjusted Index Rate

| | | |
|------|---|-----------------|
| (1) | 2018 Market Adjusted Index Rate | \$442.76 |
| (2) | Base Experience | 1.336 |
| (3) | Annualized Trend | 1.003 |
| (4) | Change in Average Utilization | 1.050 |
| (5) | Change in Demographics | 0.996 |
| (6) | Change in Morbidity | 1.000 |
| (7) | Embedded Pediatric Dental Factor | 0.999 |
| (8) | Risk Adjustment Transfer | 0.953 |
| (9) | Exchange Fee | 1.000 |
| (10) | Risk Adjustment Fee | 1.000 |
| (11) | Other Adjustment | x 1.000 |
| (12) | 2019 Market Adjusted Index Rate | \$590.11 |
| (13) | Change in Market Adjusted Index Rate | 33.3% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 2
Index Rate and Market Index Rate Development

| Source/Formula | Component | Value |
|---------------------------------|--|-----------------|
| (1) Exhibit 3 | Base Period Allowed PMPM | \$447.52 |
| (2) Exhibit 4 | Non-EHB Claims Adjustment | 0.985 |
| (3) = (1)*(2) | Experience Period Index Rate PMPM | \$440.61 |
| (4) Exhibit 8 | Annualized Trend - Claims Expenses | 3.91% |
| (5) | Months of Trend | 24 |
| (6) = (1+(4))^(24/12) | Trend Factor | 1.080 |
| (7) Exhibit 5 | Change in Average Utilization | 0.993 |
| (8) Exhibit 6 | Change in Demographics | 1.001 |
| (9) Exhibit 7 | Change in Morbidity | 1.000 |
| (10) Exhibit 8 | Additional EHB (including Ped Dental) | 1.006 |
| (11) = (3)x(6)x(7)x(8)x(9)x(10) | Projected Index Rate | \$475.51 |
| (12) Exhibit 13 | Risk Adjustment Transfer | 1.229 |
| (13) Exhibit 12 | Exchange Fee | 1.010 |
| (14) Exhibit 12 | Risk Adjustment Fee | 1.000 |
| (15) = (11)x(12)x(13)x(14) | Market Adjusted Index Rate | \$590.11 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Allowed Claims Development
Exhibit 3

| Current Pool | | Current Plans | Member Months | Total |
|--------------|--|---------------|---------------|----------|
| Individual | | All | 35,849 | \$449.63 |
| Small Group | | All | 43,336 | \$445.78 |
| Grand Total | | | 79,185 | \$447.52 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Non-EHB Adjustments
Exhibit 4

| Current Pool | Current Plans | Member Months | Non-EHB PMPM |
|--------------|---------------|---------------|--------------|
| Individual | All | 35,849 | \$6.94 |
| Small Group | All | 43,336 | \$6.89 |
| Grand Total | | 79,185 | \$6.92 |

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]

0.9845

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Utilization Copayment Effect Adjustment
Exhibit 5

| Current Pool | Current Plan | Member Months | Allowed Amount | Copay Impact |
|---------------------|---------------------|----------------------|-----------------------|---------------------|
| Individual | All | 35,849 | \$449.63 | 0.869 |
| Small Group | All | 43,336 | \$445.78 | 0.909 |
| Grand Total | | 79,185 | \$447.52 | 0.891 |

| Projected Pool | Projected Plan | Projected Member Months | Allowed Amount | Copay Impact |
|-----------------------|-----------------------|--------------------------------|-----------------------|---------------------|
| Individual | All | 41,385 | \$358.44 | 0.868 |
| Small Group | All | 48,056 | \$382.42 | 0.898 |
| Grand Total | | 89,441 | \$371.32 | 0.885 |

Experience to Projection Period Change in Average Utilization

| |
|-------|
| 0.993 |
|-------|

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual**

**Exhibit 6
Age Calibration Factor**

| | | Member Months | Average Age Factor ¹ | Weighed Average Age ² |
|--------------------|-------------|----------------------|--|---|
| Experience Period | Individual | 35849 | 1.070 | 42.4 |
| | Small Group | 43336 | 1.010 | 40.9 |
| | Combined | 79185 | 1.038 | 41.6 |
| Projection Period | Individual | 41385 | 1.070 | 42.4 |
| | Small Group | 48056 | 1.010 | 40.9 |
| | Combined | 89441 | 1.038 | 41.6 |
| Demographic Factor | | | | 1.0006 |

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 7
Morbidity Factor

| Component | | Members Months | Morbidity |
|------------------|--|-----------------------|------------------|
| (1) | Experience Period | 79,185 | 1.000 |
| (2) | Projection Period | 79,185 | 1.000 |
| (3) | New Members | 10,256 | 1.000 |
| (4) | Total Single Risk Pool | 89,441 | 1.000 |
| (5) | Adjustment to remove demographics from morbidity | | 1.000 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 8
Trend Factors

| Category | Weight | Trend | Cost | Utilization |
|---------------------|---------------|--------------|-------------|--------------------|
| Inpatient Hospital | 18.3% | 4.3% | 2.3% | 2.0% |
| Outpatient Hospital | 10.5% | 3.8% | 1.9% | 1.9% |
| Professional | 50.9% | 3.0% | 1.4% | 1.6% |
| Other | 3.1% | 2.8% | 1.2% | 1.6% |
| Prescription Drug | 17.2% | 6.3% | 5.3% | 0.9% |
| Composite | 100.0% | 3.9% | | |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Risk Adjustment and Morbidity Development
Exhibit 9

| | | Estimated 2017 | Assumed Change | Projected 2019 |
|--|---|-------------------|-------------------|-------------------|
| Platinum | | | | |
| (1) | Risk Adjustment Member Months* | 4,498 | | 5,352 |
| (2) | HHS Transfer Factor | 0.365 | 0.0% | 0.365 |
| (3) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (4) = (2) x (3) | Transfer PMPM | 133.39 | | 146.41 |
| (5) = (1) x (4) | Transfer \$ | 599,948 | | 783,506 |
| Gold | | | | |
| (6) | Risk Adjustment Member Months* | 7,288 | | 7,763 |
| (7) | HHS Transfer Factor | (0.232) | 0.0% | (0.232) |
| (8) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (9) = (7) x (8) | Transfer PMPM | (84.79) | | (93.06) |
| (10) = (6) x (9) | Transfer \$ | (617,886) | | (722,481) |
| | | \$0.00 | | \$0.00 |
| Silver | | | | |
| (11) | Risk Adjustment Member Months* | 8,945 | | 12,731 |
| (12) | HHS Transfer Factor | (0.281) | 0.0% | (0.281) |
| (13) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (14) = (12) x (13) | Transfer PMPM | (102.82) | | (112.86) |
| (15) = (11) x (14) | Transfer \$ | (919,738) | | (1,436,778) |
| | | \$0.00 | | \$0.00 |
| Bronze | | | | |
| (16) | Risk Adjustment Member Months* | 15,146 | | 14,807 |
| (17) | HHS Transfer Factor | (0.328) | 0.0% | (0.328) |
| (18) | Statewide Average Premium PMPM | 365.63 | 9.8% | 401.32 |
| (19) = (17) x (18) | Transfer PMPM | (119.85) | | (131.55) |
| (20) = (16) x (19) | Transfer \$ | (1,815,233) | | (1,947,826) |
| | | \$0.00 | | \$0.00 |
| Catastrophic | | | | |
| (21) | Risk Adjustment Member Months* | 355 | | 732 |
| (22) | HHS Transfer Factor | (0.039) | 0.0% | (0.039) |
| (23) | Statewide Average Premium PMPM (Catastrophic) | 96.28 | 9.8% | 105.68 |
| (24) = (22) x (23) | Transfer PMPM | (3.79) | | (4.16) |
| (25) = (21) x (24) | Transfer \$ | (1,348) | | (3,047) |
| Combined | | | | |
| (26) = (1) + (6) + (11) + (16) + (21) | Total Risk Adjustment Member Months* | 36,232 | | 41,385 |
| (27) = (28) / (26) | Total Transfer Paid (PMPM) | (76.02) | | (80.38) |
| (28) = (5) + (10) + (15) + (20) + (25) | Total Transfer Paid | (2,754,258) | | (3,326,627) |
| (29) (29) | Total Transfer Allowed (PMPM) | | | (108.51) |
| (30) (30) | Risk Adjustment factor for Market Adjusted Index Rate | | | 1.228 |

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:
$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

| | |
|--|--------|
| (31) Adjustment for change in risk in Kaiser membership (assuming no change) | 100.0% |
| (32) Adjustment for risk adjustment recoveries [= (30)] | 122.8% |
| (33) Risk Adjustment fee 1.8/12/ Average Baf / Plan Index Rate | 1.0004 |
| (34) Adjustment for net risk adjustment [(32) * (33)] | 122.9% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Administrative Expense Adjustment - Individual
Exhibit 10

| Retention Category | Percent of Revenue |
|--------------------------------|--------------------|
| Claims Processing | 1.0% |
| Customer Service | 1.1% |
| Taxes | 2.0% |
| Capital Contribution | -22.4% |
| Member Communication Materials | 0.6% |
| Open Enrollment | 2.1% |
| Utilization Review | 2.5% |
| Care Management | 0.3% |
| Corporate and Other Overhead | 4.9% |
| Commissions | 1.2% |
| Total | -6.8% |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Contract Limit of 3 Children Factor
Exhibit 11

| | Number of Children | Number of KP Subscribers | # of Children Above Rating Cap |
|---|-----------------------|-------------------------------|-----------------------------------|
| (1) | 0-3 | 4,916 | 0 |
| (2) | 4+ | 25 | 34 |
| (3) = (2) | | # of Non-rated Dependents | 34 |
| (4) | | Total Members | 6,628 |
| (5) | | Age Factor, non-rated dep | 0.654 |
| (6) | | Age Factor - Total Population | 1.038 |
| (7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$ | | Age Factor - Rated Population | 1.040 |
| (8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$ | | Adjustment Factor | 1.003 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Exhibit 12
Plan Adjusted Index Rate Development

| | | Allowable Modifiers | | | | | | | | | | | |
|---------------|--------------------------------------|----------------------------|---|-------------------|-------------------------------------|-----------------------------|------------|-------|-----------------------------------|--------------------------|------------------------|------------------------|--|
| | | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) |
| Plan | Name | Market Adjusted Index Rate | Market Adjusted Index Rate (100% Plan Paid Basis) | Impact of Non-EHB | Impact of Contract Limit 3 Children | Impact of Non-Smoker Status | Pricing AV | Admin | Adjustment for Catastrophic Plans | Plan Adjusted Index Rate | Age Curve Calibration* | Area Curve Calibration | Calibrated Plan Adjusted Index Rate (Age 21 Base Rate) |
| 1 | KP DC Standard Platinum 0/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.845 | 0.937 | 1.000 | 537.96 | 0.700 | 1.000 | 376.73 |
| 2 | KP DC Gold 0/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.750 | 0.937 | 1.000 | 477.43 | 0.700 | 1.000 | 334.34 |
| 3 | KP DC Standard Gold 500/25/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.754 | 0.937 | 1.000 | 480.43 | 0.700 | 1.000 | 336.44 |
| 4 | KP DC Gold 1000/20/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.714 | 0.937 | 1.000 | 454.84 | 0.700 | 1.000 | 318.52 |
| 5 | KP DC Gold 1500/25%/HSA/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.712 | 0.937 | 1.000 | 453.21 | 0.700 | 1.000 | 317.38 |
| 6 | KP DC Standard Silver 3500/40/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.669 | 0.937 | 1.000 | 425.98 | 0.700 | 1.000 | 298.31 |
| 7 | KP DC Silver 2500/30/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.691 | 0.937 | 1.000 | 440.19 | 0.700 | 1.000 | 308.27 |
| 8 | KP DC Silver 3200/30%/HSA/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.658 | 0.937 | 1.000 | 418.78 | 0.700 | 1.000 | 293.27 |
| 9 | KP DC Standard Bronze 6650/50/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.631 | 0.937 | 1.000 | 401.98 | 0.700 | 1.000 | 281.51 |
| 10 | KP DC Bronze 6200/20%/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.601 | 0.937 | 1.000 | 382.77 | 0.700 | 1.000 | 268.05 |
| 11 | KP DC Bronze 6500/60/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.592 | 0.937 | 1.000 | 376.79 | 0.700 | 1.000 | 263.87 |
| 12 | KP DC Catastrophic 7900/0/Dental | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.531 | 0.937 | 0.900 | 304.18 | 0.700 | 1.000 | 213.02 |
| Average Value | | 590.11 | 667.09 | 1.016 | 1.003 | 1.000 | 0.680 | 0.937 | 0.998 | 432.74 | 0.700 | 1.000 | 303.05 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Individual

Age Factors
Exhibit 13

| Age | Age Slope | Age Factor Indexed to Age 21 |
|-----|-----------|------------------------------|
| 20 | 0.65 | 0.90 |
| 21 | 0.73 | 1.00 |
| 22 | 0.73 | 1.00 |
| 23 | 0.73 | 1.00 |
| 24 | 0.73 | 1.00 |
| 25 | 0.73 | 1.00 |
| 26 | 0.73 | 1.00 |
| 27 | 0.73 | 1.00 |
| 28 | 0.74 | 1.02 |
| 29 | 0.76 | 1.05 |
| 30 | 0.78 | 1.07 |
| 31 | 0.80 | 1.10 |
| 32 | 0.82 | 1.12 |
| 33 | 0.84 | 1.15 |
| 34 | 0.86 | 1.18 |
| 35 | 0.88 | 1.20 |
| 36 | 0.90 | 1.23 |
| 37 | 0.92 | 1.26 |
| 38 | 0.93 | 1.28 |
| 39 | 0.94 | 1.29 |
| 40 | 0.98 | 1.34 |
| 41 | 1.01 | 1.39 |
| 42 | 1.05 | 1.45 |
| 43 | 1.09 | 1.50 |
| 44 | 1.14 | 1.56 |
| 45 | 1.18 | 1.62 |
| 46 | 1.23 | 1.69 |
| 47 | 1.28 | 1.75 |
| 48 | 1.33 | 1.82 |
| 49 | 1.38 | 1.89 |
| 50 | 1.43 | 1.97 |
| 51 | 1.49 | 2.05 |
| 52 | 1.55 | 2.13 |
| 53 | 1.61 | 2.21 |
| 54 | 1.67 | 2.29 |
| 55 | 1.73 | 2.38 |
| 56 | 1.80 | 2.48 |
| 57 | 1.87 | 2.57 |
| 58 | 1.94 | 2.67 |
| 59 | 2.02 | 2.78 |
| 60 | 2.10 | 2.89 |
| 61 | 2.18 | 3.00 |
| 62 | 2.18 | 3.00 |
| 63 | 2.18 | 3.00 |
| 64+ | 2.18 | 3.00 |

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
 Rates effective January 1, 2019
 District of Columbia Individual Exchange
 Appendix I

| Age | Platinum | Gold | | Gold | | Gold | | Gold | | Silver | | Silver | | Silver | | Bronze | | Bronze | | Bronze | | Catastrophic | |
|--------------|-------------------------------------|------------------------|-----------------------------------|---------------------------|--------------------------------|--------------------------------------|-----------------------------|----------------------------------|--------------------------------------|---|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------------|----------|
| | KP DC Standard Platinum 0/20/Dental | KP DC Gold 0/20/Dental | KP DC Standard Gold 500/25/Dental | KP DC Gold 1000/20/Dental | KP DC Gold 1500/25%/HSA/Dental | KP DC Standard Silver 3500/40/Dental | KP DC Silver 2500/30/Dental | KP DC Silver 3200/30%/HSA/Dental | KP DC Standard Bronze 6500/50/Dental | KP DC Bronze 6200/30%/HSA/KP DC Bronze 6500/60/Dental | KP DC Catastrophic 7900/Dental | | | | | | | | | | | | |
| 20 and Under | \$338.90 | \$303.77 | \$303.77 | \$302.66 | \$286.54 | \$285.51 | \$286.36 | \$277.31 | \$283.82 | \$253.24 | \$253.27 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 | \$253.24 |
| 21 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$317.38 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 22 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$317.38 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 23 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$317.38 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 24 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$317.38 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 25 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$317.38 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 26 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$317.38 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 27 | \$376.73 | \$334.34 | \$334.34 | \$336.44 | \$318.52 | \$317.38 | \$317.38 | \$308.27 | \$3281.51 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 28 | \$385.54 | \$342.16 | \$342.16 | \$344.31 | \$325.97 | \$324.80 | \$325.29 | \$315.47 | \$330.12 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 | \$280.27 |
| 29 | \$393.83 | \$349.52 | \$349.52 | \$351.72 | \$332.98 | \$331.79 | \$331.85 | \$322.26 | \$338.58 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 | \$294.28 |
| 30 | \$403.68 | \$358.25 | \$358.25 | \$360.51 | \$341.30 | \$340.08 | \$339.65 | \$330.31 | \$314.24 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 | \$301.64 |
| 31 | \$414.04 | \$367.45 | \$367.45 | \$369.76 | \$350.07 | \$348.81 | \$347.86 | \$338.79 | \$322.51 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 | \$309.39 |
| 32 | \$423.37 | \$375.73 | \$375.73 | \$378.10 | \$357.95 | \$356.67 | \$355.24 | \$346.43 | \$329.57 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 | \$316.35 |
| 33 | \$433.21 | \$384.47 | \$384.47 | \$386.89 | \$366.28 | \$364.97 | \$363.04 | \$354.40 | \$337.24 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 | \$323.71 |
| 34 | \$443.58 | \$393.67 | \$393.67 | \$396.14 | \$375.04 | \$373.70 | \$372.05 | \$363.96 | \$346.30 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 | \$331.46 |
| 35 | \$453.94 | \$402.86 | \$402.86 | \$405.40 | \$383.80 | \$382.43 | \$380.45 | \$371.44 | \$353.37 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 | \$339.20 |
| 36 | \$464.31 | \$412.06 | \$412.06 | \$414.65 | \$392.56 | \$391.16 | \$389.45 | \$379.93 | \$361.44 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 | \$346.94 |
| 37 | \$474.67 | \$421.26 | \$421.26 | \$423.91 | \$401.33 | \$399.80 | \$397.87 | \$388.41 | \$369.51 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 | \$354.69 |
| 38 | \$480.37 | \$426.32 | \$426.32 | \$429.00 | \$406.15 | \$404.09 | \$401.90 | \$393.07 | \$373.94 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 | \$358.95 |
| 39 | \$486.07 | \$431.38 | \$431.38 | \$434.09 | \$411.07 | \$409.50 | \$407.50 | \$397.73 | \$378.58 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 | \$363.21 |
| 40 | \$491.77 | \$436.39 | \$436.39 | \$439.10 | \$416.07 | \$414.49 | \$412.49 | \$402.73 | \$383.58 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 | \$368.21 |
| 41 | \$501.77 | \$441.39 | \$441.39 | \$444.10 | \$421.07 | \$419.49 | \$417.49 | \$407.73 | \$388.58 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 | \$373.21 |
| 42 | \$511.77 | \$446.39 | \$446.39 | \$449.10 | \$426.07 | \$424.49 | \$422.49 | \$412.73 | \$393.58 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 | \$378.21 |
| 43 | \$521.77 | \$451.39 | \$451.39 | \$454.10 | \$431.07 | \$429.49 | \$427.49 | \$417.73 | \$398.58 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 | \$383.21 |
| 44 | \$531.77 | \$456.39 | \$456.39 | \$459.10 | \$436.07 | \$434.49 | \$432.49 | \$422.73 | \$403.58 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 | \$388.21 |
| 45 | \$541.77 | \$461.39 | \$461.39 | \$464.10 | \$441.07 | \$439.49 | \$437.49 | \$427.73 | \$408.58 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 | \$393.21 |
| 46 | \$551.77 | \$466.39 | \$466.39 | \$469.10 | \$446.07 | \$444.49 | \$442.49 | \$432.73 | \$413.58 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 | \$398.21 |
| 47 | \$561.77 | \$471.39 | \$471.39 | \$474.10 | \$451.07 | \$449.49 | \$447.49 | \$437.73 | \$418.58 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 | \$403.21 |
| 48 | \$571.77 | \$476.39 | \$476.39 | \$479.10 | \$456.07 | \$454.49 | \$452.49 | \$442.73 | \$423.58 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 | \$408.21 |
| 49 | \$581.77 | \$481.39 | \$481.39 | \$484.10 | \$461.07 | \$459.49 | \$457.49 | \$447.73 | \$428.58 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 | \$413.21 |
| 50 | \$591.77 | \$486.39 | \$486.39 | \$489.10 | \$466.07 | \$464.49 | \$462.49 | \$452.73 | \$433.58 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 | \$418.21 |
| 51 | \$601.77 | \$491.39 | \$491.39 | \$494.10 | \$471.07 | \$469.49 | \$467.49 | \$457.73 | \$438.58 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 | \$423.21 |
| 52 | \$611.77 | \$496.39 | \$496.39 | \$499.10 | \$476.07 | \$474.49 | \$472.49 | \$462.73 | \$443.58 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 | \$428.21 |
| 53 | \$621.77 | \$501.39 | \$501.39 | \$504.10 | \$481.07 | \$479.49 | \$477.49 | \$467.73 | \$448.58 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 | \$433.21 |
| 54 | \$631.77 | \$506.39 | \$506.39 | \$509.10 | \$486.07 | \$484.49 | \$482.49 | \$472.73 | \$453.58 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 | \$438.21 |
| 55 | \$641.77 | \$511.39 | \$511.39 | \$514.10 | \$491.07 | \$489.49 | \$487.49 | \$477.73 | \$458.58 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 | \$443.21 |
| 56 | \$651.77 | \$516.39 | \$516.39 | \$519.10 | \$496.07 | \$494.49 | \$492.49 | \$482.73 | \$463.58 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 | \$448.21 |
| 57 | \$661.77 | \$521.39 | \$521.39 | \$524.10 | \$501.07 | \$499.49 | \$497.49 | \$487.73 | \$468.58 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 | \$453.21 |
| 58 | \$671.77 | \$526.39 | \$526.39 | \$529.10 | \$506.07 | \$504.49 | \$502.49 | \$492.73 | \$469.58 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 | \$454.21 |
| 59 | \$681.77 | \$531.39 | \$531.39 | \$534.10 | \$511.07 | \$509.49 | \$507.49 | \$497.73 | \$470.58 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 | \$455.21 |
| 60 | \$691.77 | \$536.39 | \$536.39 | \$539.10 | \$516.07 | \$514.49 | \$512.49 | \$502.73 | \$475.58 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 | \$460.21 |
| 61 | \$701.77 | \$541.39 | \$541.39 | \$544.10 | \$521.07 | \$519.49 | \$517.49 | \$507.73 | \$480.58 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 | \$465.21 |
| 62 | \$711.77 | \$546.39 | \$546.39 | \$549.10 | \$526.07 | \$524.49 | \$522.49 | \$512.73 | \$485.58 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 | \$470.21 |
| 63 | \$721.77 | \$551.39 | \$551.39 | \$554.10 | \$531.07 | \$529.49 | \$527.49 | \$517.73 | \$490.58 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 | \$475.21 |
| 64+ | \$731.77 | \$556.39 | \$556.39 | \$559.10 | \$536.07 | \$534.49 | \$ | | | | | | | | | | | | | | | | |



KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street Rockville, Maryland 20852

June 1, 2018

Mr. Efren Tanhehco
Supervisory Actuary
Department of Insurance and Securities
Insurance Product Division
810 First Street, N.E.
Washington, DC 20002

Re: NAIC #: 95639
HIOS Issuer ID 94506
Individual On-Exchange Rate Filing
Filing #1

Dear Mr. Tanhehco,

Attached is the Individual on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2019. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

The overall impact to the index rate is 27.3%.

Sincerely,

Stephen Chuang
Actuarial Analyst
Kaiser Foundation Health Plan, Inc.
Phone: 301-816-5854
Fax: 301-816-7124
Email: stephen.chuang@kp.org

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

Purpose, Scope, and Reason for Rate Increase

| | | | |
|--|--|--------|--|
| Insurance Company Name | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | | |
| HIOS ID | 94508 | | |
| SERFF Filing Number | KPMA-131465746 | | |
| Date of Submission | 6/1/2018 | | |
| Proposed Effective Date | 1/1/2019 | | |
| Average Annual Premium | | | |
| Before Rate Change | \$5,016 | | |
| After Rate Change | \$6,019 | | |
| Amount in SERFF's Rate Review Detail Section Explanation for differences | | | |
| Proposed Overall Rate Change | 20.00% | 20.00% | |
| Proposed Minimum Rate Change | 6.00% | 6.00% | |
| Proposed Maximum Rate Change | 29.10% | 29.10% | |

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The difference is greater than 10% due to difference in benefits between plans, as well as the amount of cost share changes from 2018 to 2019 for specific plans. From our rate analysis, the lower metal tier plans were priced too low, so there was a flattening of the rate slope for this year.

Relationship of Proposed Rate Scale to Current Rate Scale:

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

| Source of Change | Previous filing Assumption | Current Filing Assumption | Relativity Current Filing / Previous filing | |
|--|----------------------------|---------------------------|---|---|
| Base Period Experience | 330 | 441 | 1.336 | e.g. previous filing experience period index rate compared to the current filing experience index rate If applicable,the change in this factor is based on the average copy impact difference between previous filing and current filing. The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2) The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing. The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing. |
| Base Period Utilization Factor | 1 | 1 | 1.004 | |
| Pricing Trend | 1 | 1 | 1.003 | |
| Morbidity Adjustment | 1 | 1 | 1.000 | |
| Risk Adjustment Recoveries | 1 | 1 | 0.953 | |
| Pent Up Demand | 1 | 1 | 1.000 | |
| Reinsurance Recoveries | 1 | 1 | 1.000 | |
| Reinsurance Premium | 1 | 1 | 1.000 | |
| Average Age Impact | 1 | 1 | 0.996 | |
| Additional EHB | 1 | 1 | 0.999 | |
| Exchange Fee | 1 | 1 | 1.000 | |
| Fixed Cost Adjustment | XXXX | XXXX | 1.000 | |
| SG&A | XXXX | XXXX | 1.000 | |
| Margin | XXXX | XXXX | 1.000 | |
| Taxes and Fees | XXXX | XXXX | 1.000 | |
| Benefit Design Changes | XXXX | XXXX | 1.000 | |
| Geography | XXXX | XXXX | 1.000 | |
| Tobacco | XXXX | XXXX | 1.000 | |
| | XXXX | XXXX | 1.000 | |
| | XXXX | XXXX | 1.000 | |
| | XXXX | XXXX | 1.000 | |
| Total Rate Change | | | 1.273 | |
| If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17 | | | | 1.200 |
| The 27.3% from Total Rate Change is the increase in the Market Adjusted Index Rate from 2018 to 2019. The 20.0% increase is the weighted average increase calculated from 2018 to 2019 plans based on member months. | | | | |

Annual Rate Change Distribution

| | Impacted # of Contracts | Impacted # of Members | Impacted # of Groups |
|-------------------------------|-------------------------|-----------------------|----------------------|
| Reduction of 15.00% or more | 0 | 0 | 0 |
| Reduction of 10.01% to 14.99% | 0 | 0 | 0 |
| Reduction of 5.01% to 10.00% | 0 | 0 | 0 |
| Reduction of 0.01% to 5.00% | 0 | 0 | 0 |
| No Change | 0 | 0 | 0 |
| Increase of 0.01% to 5.00% | 0 | 0 | 0 |
| Increase of 5.01% to 10.00% | 432 | 504 | 0 |
| Increase of 10.01% to 14.99% | 400 | 466 | 0 |
| Increase of 15.00% or more | 1,730 | 2,017 | 0 |
| Total | 2,562 | 2,987 | 0 |

History of Rate Changes

| For Year | Average Annual Proposed Rate Change | Average Annual Approved Rate Change |
|----------|-------------------------------------|-------------------------------------|
| 2016 | 6.60% | 6.60% |
| 2017 | 12.00% | 12.00% |
| 2018 | 13.00% | 13.00% |

Retention

| | PMPM in effect during the experience period | PMPM from Most Recent Approved Rate Filing | Proposed PMPM for Effective Date | Proposed Change in PMPM Compared to Prior 12 months | Proposed Change in PMPM Compared to Most Recently Approved Filing |
|----------------------------|---|--|----------------------------------|---|---|
| Dates | 1/1/2017 | 1/1/2018 | 1/1/2019 | | |
| Commissions & Brokers Fees | \$6.14 | \$6.11 | \$5.28 | -14.01% | -13.54% |
| Marketing & Advertising | \$2.12 | \$2.54 | \$2.30 | 8.60% | -9.42% |
| Payroll and Benefits | \$22.35 | \$26.79 | \$24.27 | 8.60% | -9.42% |
| Taxes, Licenses & Fees | \$7.19 | \$10.93 | \$8.60 | 19.70% | -21.32% |
| Reinsurance | \$0.00 | \$0.00 | \$0.00 | | |
| All Other Admin Expense | \$24.56 | \$23.77 | \$26.67 | 8.60% | 12.18% |
| Profit/Risk Margin | -\$12.94 | -\$48.89 | -\$96.19 | 643.34% | 96.75% |

| | As % of Premium during the experience period | As % of Premium from Most Recent Approved Rate Filing | Proposed As % of Premium for Effective Date | Proposed Change in % of Premium Compared to Prior 12 months | Proposed Change in % of Premium Compared to Most Recently Approved Filing |
|----------------------------|--|---|---|---|---|
| Commissions & Brokers Fees | 1.79% | 1.63% | 1.23% | -29.95% | -24.62% |
| Marketing & Advertising | 0.60% | 0.68% | 0.53% | -11.53% | -21.02% |
| Payroll and Benefits | 6.38% | 7.14% | 5.64% | -11.53% | -21.02% |
| Taxes, Licenses & Fees | 2.05% | 2.92% | 2.00% | -2.48% | -31.40% |
| Reinsurance | 0.00% | 0.00% | 0.00% | | |
| All Other Admin Expense | 7.01% | 6.34% | 6.20% | -11.53% | -2.19% |
| Profit/Risk Margin | -3.69% | -13.04% | -22.36% | 505.56% | 71.55% |

Trend & Projection Assumptions

| Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development | Monthly Incurred Claims \$ | | | | | Annualized Rolling 6 Mo | |
|---|----------------------------|---------------|----------|---------------------|---------|-------------------------------|---------|
| | Month | Member Months | PMPM | Rolling 12 Mo Trend | Trend | Annualized Rolling 3 Mo Trend | |
| Last Month in Experience Period | Jan-2015 | 6,177 | \$295.60 | | | | |
| | Feb-2015 | 6,247 | \$259.12 | | | | |
| | Mar-2015 | 6,604 | \$299.20 | | | | |
| | Apr-2015 | 6,500 | \$307.58 | | | | |
| | May-2015 | 6,334 | \$284.99 | | | | |
| | Jun-2015 | 6,273 | \$293.59 | | | | 17.70% |
| | Jul-2015 | 6,167 | \$438.44 | | | | 66.12% |
| | Aug-2015 | 6,105 | \$315.13 | | | | 56.89% |
| | Sep-2015 | 6,184 | \$347.72 | | | | 107.70% |
| | Oct-2015 | 6,275 | \$304.01 | | | | -21.26% |
| | Nov-2015 | 6,312 | \$296.27 | | | | -29.48% |
| | Dec-2015 | 6,365 | \$293.92 | | 26.09% | | -51.76% |
| | Jan-2016 | 6,653 | \$311.28 | 1200.01% | -2.50% | | -10.90% |
| | Feb-2016 | 6,678 | \$290.82 | 598.52% | -7.01% | | -2.96% |
| | Mar-2016 | 6,884 | \$385.82 | 356.44% | -1.70% | | 94.28% |
| | Apr-2016 | 6,802 | \$360.51 | 239.56% | 8.78% | | 116.55% |
| | May-2016 | 6,645 | \$311.18 | 175.96% | 10.97% | | 121.26% |
| | Jun-2016 | 6,387 | \$336.30 | 132.93% | 15.41% | | 0.72% |
| | Jul-2016 | 6,319 | \$320.20 | 82.25% | 27.22% | | -38.16% |
| | Aug-2016 | 6,254 | \$351.60 | 61.66% | 31.77% | | -37.40% |
| | Sep-2016 | 6,071 | \$326.13 | 41.23% | 9.40% | | -25.71% |
| | Oct-2016 | 6,021 | \$328.07 | 27.93% | -6.97% | | -6.12% |
| | Nov-2016 | 5,915 | \$340.89 | 17.54% | -10.51% | | -23.41% |
| | Dec-2016 | 5,766 | \$369.55 | 9.29% | -14.77% | | -5.07% |
| | Jan-2017 | 6,623 | \$396.52 | 10.50% | -5.56% | | 46.76% |
| | Feb-2017 | 6,562 | \$364.74 | 10.89% | -6.34% | | 105.64% |
| | Mar-2017 | 7,021 | \$393.71 | 8.28% | 16.52% | | 161.33% |
| | Apr-2017 | 6,791 | \$366.68 | 6.48% | 35.13% | | 62.54% |
| | May-2017 | 6,646 | \$409.97 | 7.96% | 49.98% | | 55.04% |
| | Jun-2017 | 6,523 | \$430.84 | 9.15% | 64.54% | | 12.98% |
| | Jul-2017 | 6,516 | \$410.49 | 14.70% | 50.48% | | 32.80% |
| | Aug-2017 | 6,560 | \$448.76 | 16.39% | 56.37% | | 24.55% |
| | Sep-2017 | 6,552 | \$425.00 | 20.37% | 39.57% | | 20.23% |
| | Oct-2017 | 6,475 | \$729.72 | 30.94% | 67.49% | | 162.87% |
| | Nov-2017 | 6,460 | \$467.25 | 34.13% | 57.01% | | 143.40% |
| | Dec-2017 | 6,453 | \$539.31 | 38.02% | 54.13% | | 218.21% |

Solvency

| | Most Recent Quaterly Financial Statement | Most Recent Annual Financial Statement |
|--------------------------|--|--|
| Total Adjusted Capital | 173,624,558 | 160,228,051 |
| Authorized Control Level | 69,285,129 | 69,285,129 |
| RBC Ratio | 250.59% | 231.26% |

Loss Ratio

| Time Period | Period Beginning Date | Period Ending Date | Member Months | Incurred Claims | Earned Premium | Loss Ratio | Expected Incurred Claims | A-to-E Claims Ratio | Quality Improvement Expenses | Adjustments to Earned Premium |
|---------------------|-----------------------|--------------------|---------------|-----------------|----------------|------------|--------------------------|---------------------|------------------------------|-------------------------------|
| Historical Year -4 | 1/1/2013 | 12/31/2013 | 12,279 | 3,656,501 | 3,514,462 | 104.1% | n/a | | 0 | 0 |
| Historical Year -3 | 1/1/2014 | 12/31/2014 | 20,558 | 6,889,133 | 6,389,853 | 92.5% | 4,226,108 | 139.4% | 0 | 0 |
| Historical Year -2 | 1/1/2015 | 12/31/2015 | 27,718 | 7,566,075 | 7,558,415 | 100.1% | 6,844,362 | 110.5% | 0 | 0 |
| Historical Year -1 | 1/1/2016 | 12/31/2016 | 29,807 | 9,075,845 | 7,822,797 | 116.0% | 7,429,679 | 122.2% | 0 | 0 |
| Historical Year 0 | 1/1/2017 | 12/31/2017 | 35,849 | 15,151,233 | 12,328,725 | 122.9% | 16,461,350 | 92.0% | 0 | 0 |
| Historical Totals | | | 126,211 | 41,340,788 | 37,594,272 | 110.0% | 34,961,499 | 118.2% | 0 | 0 |
| Interim Time Period | | | 0 | 0 | 0 | | 0 | | 0 | 0 |
| Future Year 1 | | | 0 | 0 | 0 | | 0 | | 0 | 0 |

Anticipated Federal loss ratio standard in market

>108.8%

Note:

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out. □

The interim time period the time periods available in the current year.

The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

| | |
|--------------------------------------|----------|
| Index Rate for Projected Period PMPM | \$538.14 |
| Risk Adjustment PMPM | \$123.55 |
| Net Reinsurance Contributions PMPM | \$0.00 |
| Exchange User Fees PMPM | \$5.40 |
| Market Adjusted Index Rate PMPM | \$667.09 |

| Product | Individual HMO On Exchange | Individual HMO On Exchange | Individual HMO On Exchange | Individual HMO On Exchange | Individual HMO On Exchange | Individual HMO On Exchange | Individual HMO On Exchange | Individual HMO On Exchange |
|-------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Product ID | 94056DC039 | 94056DC039 | 94056DC039 | 94056DC039 | 94056DC039 | 94056DC039 | 94056DC039 | 94056DC039 |
| Plan ID | 94506DC0390001 | 94506DC0390011 | 94506DC0390013 | 94506DC0390004 | 94506DC0390006 | 94506DC0390007 | 94506DC0390010 | 94506DC0390008 |
| | Platinum | Gold | Gold | Silver | Silver | Bronze | Bronze | Catastrophic |
| Metal Tier | (with highest Metal AV) | (with highest Metal AV) | (with lowest Metal AV) | (with highest Metal AV) | (with lowest Metal AV) | (with highest Metal AV) | (with lowest Metal AV) | |
| Metal AV Value | 0.889 | 0.819 | 0.762 | 0.719 | 0.675 | 0.648 | 0.618 | N/A |
| Pricing AV Value | 0.804 | 0.718 | 0.677 | 0.658 | 0.626 | 0.601 | 0.572 | 0.505 |
| Projected Member Months | 5,352 | 1,941 | 1,941 | 4,244 | 4,244 | 4,935 | 4,935 | 732 |

| | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
| Market Adjusted Index Rate PMPM | \$667.09 | \$667.09 | \$667.09 | \$667.09 | \$667.09 | \$667.09 | \$667.09 | \$667.09 |
| Plan Adjustments (in multiplicative format) | | | | | | | | |
| Actuarial value and cost-sharing design of the plan | 0.848 | 0.757 | 0.714 | 0.693 | 0.660 | 0.633 | 0.603 | 0.532 |
| Provider network, delivery system characteristics and utilization management practices | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Plan benefits in addition to EHB | 1.016 | 1.016 | 1.016 | 1.016 | 1.016 | 1.016 | 1.016 | 1.016 |
| Expected impact of special eligibility categories (only for catastrophic plans) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.900 |
| Plan Adjustments (in % format) | | | | | | | | |
| Distribution and administration costs | -6.8% | -6.8% | -6.8% | -6.8% | -6.8% | -6.8% | -6.8% | -6.8% |
| Plan Adjusted Index Rate | \$537.96 | \$480.43 | \$453.21 | \$440.19 | \$418.78 | \$401.98 | \$382.77 | \$304.18 |
| Age Calibration Factor | 1.038 | 1.038 | 1.038 | 1.038 | 1.038 | 1.038 | 1.038 | 1.038 |
| Geography Calibration Factor | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Aggregate Calibration Factor | 1.038 | 1.038 | 1.038 | 1.038 | 1.038 | 1.038 | 1.038 | 1.038 |
| Consumer Adjusted Premium Rate PMPM | \$518.20 | \$462.78 | \$436.56 | \$424.02 | \$403.39 | \$387.22 | \$368.71 | \$293.01 |

[illegible]

| | |
|---|--|
| Explanation for differences between implied Pricing AV and URRT | URRT AV value does not include Non-EHB and Admin factors |
|---|--|

| | |
|---------------------------|-------|
| Age 40 Factor | 0.975 |
| Geographic Rating Area #1 | 1.000 |
| Geographic Rating Area #3 | 1.000 |
| Geographic Rating Area #5 | 1.000 |

***Note if a particular plan is not offered in a rating area, please override the formula and enter "N/A" below**

| | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
| Calculated Premium Rate (Age 40, Area 1) | \$505.24 | \$451.21 | \$425.65 | \$413.42 | \$393.31 | \$377.53 | \$359.49 | \$285.68 |
| Calculated Premium Rate (Age 40, Area 3) | \$505.24 | \$451.21 | \$425.65 | \$413.42 | \$393.31 | \$377.53 | \$359.49 | \$285.68 |
| Calculated Premium Rate (Age 40, Area 5) | \$505.24 | \$451.21 | \$425.65 | \$413.42 | \$393.31 | \$377.53 | \$359.49 | \$285.68 |

[illegible][illegible]

Explanation for differences

[illegible]

Reinsurance Recoveries

Provide the historical claims for the experience period broken down by the following amounts:

| Attachment Points | Total Incurred Claims |
|--------------------------------|-----------------------|
| Less than \$45,000 | \$24,904,170 |
| Between \$45,000 and \$90,000 | \$3,611,352 |
| Between \$90,000 and \$250,000 | \$3,468,175 |
| Greater than \$250,000. | \$1,483,074 |
| Total* | \$33,466,774 |

*Should match Incurred Claims in URRT's Section I: Experience period data

| | |
|---|------------|
| Experience Period Start Date | 1/1/2017 |
| Date at which the most recent experience is available | 12/31/2017 |

Provide the information in the table below in an Excel format. The information in the first row should be consistent with what is required by the URRT.

| Experience Period Start Date | Experience Period End Date | Category of Insureds | Member Months | Premiums | Incurred Claims | Allowed Claims | Average Age | HHS Age Factor | Allowed PMPM | Age Normal Allowed PMPM | Morb Relativity | LossRatio |
|------------------------------|----------------------------|--|---------------|---------------|-----------------|----------------|-------------|----------------|--------------|-------------------------|-----------------|-----------|
| 1/1/2017 | 12/31/2017 | Persons who purchased a ACA compliant plan | 79,252 | 27,224,605.92 | 33,238,493.11 | 35,197,368.96 | 42 | 1.037 | \$444.12 | \$428.10 | 0.077 | 122.1% |
| 1/1/2017 | 12/31/2017 | Persons who did not purchased a ACA compliant plan | 32 | 7,675.85 | 228,280.77 | 239,630.04 | 48 | 1.339 | \$7,488.44 | \$5,592.43 | 13.063 | 2974.0% |
| 1/1/2017 | 12/31/2017 | All | 79,284 | \$27,232,282 | \$33,466,774 | \$35,436,999 | 42 | 1.038 | \$446.96 | \$430.79 | | 122.9% |

| Experience Period Start Date | Experience Period End Date | Category of Insureds | Member Months | Premiums | Incurred Claims | Allowed Claims | Average Age | HHS Age Factor | Allowed PMPM | Age Normal Allowed PMPM | Morb Relativity | LossRatio |
|------------------------------|----------------------------|---|---------------|---------------|-----------------|----------------|-------------|----------------|--------------|-------------------------|-----------------|-----------|
| 1/1/2018 | 12/31/2017 | Persons included in the experience period | 79,252 | 27,224,605.92 | 33,238,493.11 | 35,197,368.96 | 42 | 1.037 | \$444.12 | \$428.10 | 0.077 | 122.1% |
| 1/1/2018 | 12/31/2017 | Persons not included in the experience period | 32 | 7,675.85 | 228,280.77 | 239,630.04 | 48 | 1.339 | \$7,488.44 | \$5,592.43 | 13.063 | 2974.0% |
| 1/1/2018 | 12/31/2017 | All | 79,284 | \$27,232,282 | \$33,466,774 | \$35,436,999 | 42 | 1.038 | \$446.96 | \$430.79 | | 122.9% |

| Experience Period Start Date | Experience Period End Date | Category of Insureds | Member Months | Premiums | Incurred Claims | Allowed Claims | Average Age | HHS Age Factor | Allowed PMPM | Age Normal Allowed PMPM | | LossRatio |
|------------------------------|----------------------------|----------------------|---------------|---------------|-----------------|----------------|-------------|----------------|--------------|-------------------------|--|-----------|
| 1/1/2017 | 12/31/2017 | All | 79,284 | 27,232,281.77 | 33,466,773.88 | 35,436,999.00 | 42 | 1.038 | \$446.96 | \$430.79 | | 122.9% |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|---|-------------------------------|---|----------|---|------------|---|---|---|---|---|---------|---|------------|---|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y |
| 1 | Unified Rate Review v4.3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Company Legal Name: | | Kaiser Foundation Health Plan | | | | | | | | | | State: | | DC | | | | | | | | | | |
| 4 | HIOS Issuer ID: | | 94506 | | | | | | | | | | Market: | | Individual | | | | | | | | | | |
| 5 | Effective Date of Rate Change(s): | | 1/1/2019 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Market Level Calculations (Same for all Plans) | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Section I: Experience period data | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Experience Period: | | 1/1/2017 | | to | | 12/31/2017 | | | | | | | | | | | | | | | | | | |
| 13 | | | Experience Period | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | Aggregate Amount | | PMPM | | % of Prem | | | | | | | | | | | | | | | | | | |
| 15 | Premiums (net of MLR Rebate) in Experience Period: | | \$27,232,282 | | \$343.91 | | 100.00% | | | | | | | | | | | | | | | | | | |
| 16 | Incurred Claims in Experience Period | | \$33,466,774 | | 422.64 | | 122.89% | | | | | | | | | | | | | | | | | | |
| 17 | Allowed Claims: | | \$35,436,999 | | 447.52 | | 130.13% | | | | | | | | | | | | | | | | | | |
| 18 | Index Rate of Experience Period | | | | \$440.61 | | | | | | | | | | | | | | | | | | | | |
| 19 | Experience Period Member Months | | 79,185 | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Section II: Allowed Claims, PMPM basis | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | |

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
94506
1/1/2019

State: DC
Market: Individual

Product/Plan Level Calculations

| Section I: General Product and Plan Information | | | | | | | | | | | | | | |
|---|----------------------------|----------------|---------------------|----------------|----------------|-----------------------|----------------|----------------|-----------------------|-----------------------|-----------------------|--------------------|--------------------|--|
| Product | Individual HMO On Exchange | | | | | | | | | | | | | |
| Product ID: | 94506DC039 | | | | | | | | | | | | | |
| Metal: | Platinum | Gold | Gold | Gold | Gold | Silver | Silver | Silver | Bronze | Bronze | Bronze | Catastrophic | Silver | |
| AV Metal Value | 0.889 | 0.815 | 0.819 | 0.795 | 0.762 | 0.719 | 0.719 | 0.675 | 0.649 | 0.618 | 0.630 | 0.570 | 0.700 | |
| AV Pricing Value | 0.804 | 0.713 | 0.718 | 0.680 | 0.677 | 0.637 | 0.658 | 0.626 | 0.649 | 0.572 | 0.563 | 0.505 | 0.700 | |
| Plan Category | Renewing | Renewing | Renewing | Renewing | New | Renewing | Renewing | Renewing | Renewing | Renewing | Renewing | Renewing | Terminated | |
| Plan Type: | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO | |
| Plan Name | KP DC Standard Platinum | KP DC Gold | KP DC Standard Gold | KP DC Gold | KP DC Gold | KP DC Standard Silver | KP DC Silver | KP DC Silver | KP DC Standard Bronze | KP DC Standard Bronze | KP DC Standard Bronze | KP DC Catastrophic | KP DC Catastrophic | |
| Plan ID (Standard Component ID): | 94506DC0390001 | 94506DC0390002 | 94506DC0390011 | 94506DC0390003 | 94506DC0390013 | 94506DC0390005 | 94506DC0390004 | 94506DC0390004 | 94506DC0390007 | 94506DC0390010 | 94506DC0390012 | 94506DC0390008 | 94506DC0380001 | |
| Exchange Plan? | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | |
| Historical Rate Increase - Calendar Year - 2 | 6.60% | | | | | | | | | | | | | |
| Historical Rate Increase - Calendar Year - 1 | 12.00% | | | | | | | | | | | | | |
| Historical Rate Increase - Calendar Year 0 | 20.00% | | | | | | | | | | | | | |
| Effective Date of Proposed Rates | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2019 | 1/1/2013 | |
| Rate Change % (over prior filing) | 10.43% | 5.96% | 10.96% | 7.63% | 10.45% | 19.42% | 22.78% | 24.13% | 29.10% | 25.02% | 26.95% | 18.23% | 0.00% | |
| Cum'lative Rate Change % (over 12 mos prior) | 10.43% | 5.96% | 10.96% | 7.63% | 10.45% | 19.42% | 22.78% | 24.13% | 29.10% | 25.02% | 26.95% | 18.23% | 0.00% | |
| Proj'd Per Rate Change % (over Expir. Period) | 19.22% | 17.51% | 19.58% | 21.11% | #DIV/0! | 25.80% | 34.33% | 42.82% | 58.13% | 59.03% | 60.28% | 48.08% | 100.00% | |
| Product Rate Increase % | 19.00% | | | | | | | | | | | | | |

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

| | | | | | | | | | | | | | | |
|----------------------------------|---------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 94506DC0390001 | 94506DC0390002 | 94506DC0390011 | 94506DC0390003 | 94506DC0390013 | 94506DC0390005 | 94506DC0390004 | 94506DC0390004 | 94506DC0390007 | 94506DC0390010 | 94506DC0390012 | 94506DC0390008 | 94506DC0380001 |
| Inpatient | \$23.12 | \$57.35 | \$47.71 | \$51.58 | \$46.61 | \$48.33 | \$50.50 | \$53.95 | \$51.98 | \$52.08 | \$47.90 | \$47.95 | \$37.40 | \$0.00 |
| Outpatient | \$8.33 | \$19.49 | \$15.50 | \$17.61 | \$15.42 | \$16.43 | \$18.30 | \$19.90 | \$19.30 | \$19.76 | \$17.86 | \$18.03 | \$13.21 | \$0.00 |
| Professional | \$16.29 | \$29.09 | \$17.37 | \$26.95 | \$19.63 | \$24.55 | \$36.51 | \$42.40 | \$42.06 | \$46.15 | \$39.46 | \$40.97 | \$23.76 | \$0.00 |
| Prescription Drug | \$5.48 | \$6.93 | \$1.79 | \$6.69 | \$3.28 | \$5.86 | \$12.50 | \$15.35 | \$17.88 | \$14.70 | \$15.57 | \$15.57 | \$7.33 | \$0.00 |
| Other | \$0.40 | \$0.50 | \$0.12 | \$0.49 | \$0.24 | \$0.43 | \$0.92 | \$1.12 | \$1.14 | \$1.31 | \$1.08 | \$1.16 | \$0.54 | \$0.00 |
| Capitation | \$0.06 | \$0.05 | -\$0.01 | \$0.05 | \$0.01 | \$0.05 | \$0.14 | \$0.17 | \$0.18 | \$0.21 | \$0.17 | \$0.18 | \$0.07 | \$0.00 |
| Administration | -\$4.02 | -\$11.00 | -\$9.77 | -\$9.83 | -\$9.30 | -\$9.27 | -\$8.71 | -\$9.00 | -\$8.57 | -\$8.22 | -\$7.83 | -\$7.71 | -\$6.22 | \$0.00 |
| Taxes & Fees | -\$1.69 | -\$4.61 | -\$4.09 | -\$4.12 | -\$1.90 | -\$1.89 | -\$1.65 | -\$1.78 | -\$1.59 | -\$1.45 | -\$1.28 | -\$1.23 | -\$2.61 | \$0.00 |
| Risk & Profit Charge | \$17.18 | \$47.00 | \$41.73 | \$41.97 | \$39.74 | \$39.59 | \$37.22 | \$38.46 | \$36.59 | \$35.12 | \$33.44 | \$32.82 | \$26.58 | \$0.00 |
| Total Rate Increase | \$30.78 | \$50.81 | \$26.87 | \$47.46 | \$32.24 | \$42.88 | \$69.27 | \$81.67 | \$81.40 | \$90.60 | \$76.61 | \$79.99 | \$46.91 | \$0.00 |
| Member Cost Share Increase | -\$1.43 | \$15.77 | \$28.42 | \$12.75 | \$20.59 | \$31.98 | -\$5.53 | -\$26.47 | \$10.22 | -\$25.27 | -\$4.34 | -\$12.19 | \$24.55 | \$0.00 |

| | | | | | | | | | | | | | | |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---|
| Average Current Rate PMPM | \$365.03 | \$487.15 | \$450.55 | \$432.97 | \$422.59 | \$410.33 | \$356.71 | \$358.52 | \$337.37 | \$311.38 | \$306.16 | \$296.80 | \$257.28 | |
| Projected Member Months | 41,385 | 5,352 | 1,941 | 1,941 | 1,941 | 1,941 | 4,244 | 4,244 | 4,244 | 4,935 | 4,935 | 4,935 | 732 | 0 |

Section III: Experience Period Information

| | | | | | | | | | | | | | | |
|---|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 94506DC0390001 | 94506DC0390002 | 94506DC0390011 | 94506DC0390003 | 94506DC0390013 | 94506DC0390005 | 94506DC0390004 | 94506DC0390004 | 94506DC0390007 | 94506DC0390010 | 94506DC0390012 | 94506DC0390008 | 94506DC0380001 |
| Plan Adjusted Index Rate | \$339.30 | \$451.24 | \$406.30 | \$401.76 | \$375.56 | \$0.00 | \$338.62 | \$327.70 | \$293.22 | \$254.21 | \$240.69 | \$235.08 | \$205.41 | \$354.91 |
| Member Months | 79,385 | 4,444 | 5,717 | 1,153 | 2,329 | 0 | 2,960 | 3,663 | 2,281 | 8,179 | 3,845 | 348 | 43,336 | |
| Total Premium (TP) | \$27,232,262 | \$2,068,962 | \$1,558,172 | \$477,931 | \$902,448 | \$0 | \$1,036,149 | \$1,218,467 | \$660,076 | \$2,197,625 | \$677,938 | \$932,584 | \$73,753 | \$15,380,177 |
| EH&B Percent of TP, [see instructions] | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% |
| state mandated benefits portion of TP that are other than EH&B | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TP | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% |
| Total Allowed Claims (TAC) | \$35,436,999 | \$3,391,665 | \$1,650,042 | \$522,250 | \$1,012,023 | \$0 | \$1,246,983 | \$1,566,825 | \$1,010,634 | \$3,510,954 | \$1,040,417 | \$1,024,356 | \$140,493 | \$19,320,357 |
| EH&B Percent of TAC, [see instructions] | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% | 98.46% |
| state mandated benefits portion of TAC that are other than EH&B | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TAC | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% | 1.54% |
| Allowed claims which are not the issuer's obligation | \$1,970,225 | -\$151,899 | -\$52,726 | -\$8,402 | \$29,976 | \$0 | \$109,266 | \$171,315 | \$166,522 | \$768,020 | \$232,732 | \$154,929 | \$34,020 | \$516,474 |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0 | | | | | | | | | | | | | |
| Portion of above payable by HHS on behalf of insured person, as % | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | #DIV/0! | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | |
| Total incurred claims, payable with issuer funds | \$33,466,774 | \$3,543,564 | \$1,702,768 | \$530,652 | \$982,408 | \$0 | \$1,137,717 | \$1,395,510 | \$844,111 | \$2,742,934 | \$807,685 | \$869,427 | \$106,474 | \$18,801,884 |
| Net Amt of Reim | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Risk Adjustment Transfer Amount | -\$2,725,240.98 | -\$337,832.88 | -\$282,566.34 | -\$87,651.06 | -\$177,050.58 | \$0.00 | -\$225,019.20 | -\$278,461.26 | -\$173,401.62 | -\$636,971.58 | -\$207,534.60 | -\$292,296.90 | -\$26,454.96 | |
| Incurred Claims PMPM | \$422.64 | \$797.38 | \$458.10 | \$460.24 | \$421.66 | #DIV/0! | \$386.36 | \$380.97 | \$370.06 | \$337.36 | \$295.86 | \$226.12 | \$305.96 | \$433.91 |
| Allowed Claims PMPM | \$447.52 | \$763.20 | \$443.92 | \$434.53 | \$422.95 | #DIV/0! | \$421.28 | \$427.74 | \$443.07 | \$419.02 | \$381.11 | \$266.41 | \$403.72 | \$445.83 |
| EH&B portion of Allowed Claims, PMPM | \$440.61 | \$751.42 | \$437.06 | \$445.95 | \$427.82 | #DIV/0! | \$414.77 | \$421.14 | \$436.22 | \$412.55 | \$375.22 | \$262.30 | \$397.48 | \$438.94 |

Section IV: Projected (12 months following effective date)

| | | | | | | | | | | | | | | |
|---|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 94506DC0390001 | 94506DC0390002 | 94506DC0390011 | 94506DC0390003 | 94506DC0390013 | 94506DC0390005 | 94506DC0390004 | 94506DC0390004 | 94506DC0390007 | 94506DC0390010 | 94506DC0390012 | 94506DC0390008 | 94506DC0380001 |
| Plan Adjusted Index Rate | \$432.74 | \$537.96 | \$477.43 | \$480.43 | \$454.84 | \$453.21 | \$425.98 | \$440.19 | \$418.78 | \$401.98 | \$382.77 | \$376.79 | \$304.18 | |
| Member Months | 41,385 | 5,352 | 1,941 | 1,941 | 1,941 | 1,941 | 4,244 | 4,244 | 4,244 | 4,935 | 4,935 | 4,935 | 732 | - |
| Total Premium (TP) | \$18,466,342 | \$2,968,838 | \$955,551 | \$961,567 | \$910,338 | \$907,984 | \$1,864,179 | \$1,926,373 | \$1,832,648 | \$2,045,572 | \$1,947,797 | \$1,917,402 | \$226,598 | |
| EH&B Percent of TP, [see instructions] | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | |
| state mandated benefits portion of TP that are other than EH&B | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | |
| Other benefits portion of TP | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 100.00% |
| Total Allowed Claims (TAC) | \$19,971,465 | \$2,705,666 | \$952,383 | \$950,805 | \$944,934 | \$970,780 | \$2,039,623 | \$2,033,026 | \$2,122,612 | \$2,312,678 | \$2,317,279 | \$2,278,511 | \$343,165 | |
| EH&B Percent of TAC, [see instructions] | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | 98.44% | |
| state mandated benefits portion of TAC that are other than EH&B | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | |
| Other benefits portion of TAC | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 1.56% | 100.00% |
| Allowed Claims which are not the issuer's obligation | \$981,015 | -\$239,261 | -\$13,028 | -\$19,701 | \$17,820 | \$46,423 | \$119,450 | \$60,170 | \$229,149 | \$183,312 | \$270,732 | \$257,710 | \$68,238 | |

| | | | | | | | | | | | | | | |
|---|--------------|-------------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------|-----|
| Portion of above payable by RMS's funds on behalf of insured person, in dollars | \$0 | | | | | | | | | | | | | |
| Portion of above payable by RMS on behalf of insured person, as % | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | |
| Total incurred claims, payable with issuer funds | \$18,990,450 | \$2,944,927 | \$965,411 | \$970,506 | \$927,114 | \$924,357 | \$1,920,175 | \$1,972,856 | \$1,893,463 | \$2,129,366 | \$2,046,547 | \$2,020,801 | \$274,927 | \$0 |
| Net Amt of Reim | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Risk Adjustment Transfer Amount | -\$3,326,627 | -\$430,207 | -\$156,022 | -\$156,022 | -\$156,022 | -\$156,022 | -\$341,143 | -\$341,143 | -\$341,143 | -\$396,687 | -\$396,687 | -\$396,687 | -\$58,840 | |

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company Kaiser Foundation Health Plan of the Mid-Atlantic

SERFF tracking number KPMA-131465746

Submission Date June 1, 2018

Product Name Individual HMO On Exchange

Market Type ☒ Individual ☐ Small Group

Rate Filing Type ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The 20 % increase is requested because:

Expenses for 2019 are expected to be higher than were expected for 2018.

This filing will impact:

of policyholder's 2,562

of covered lives 2,987

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 20 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 6 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 29.1 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individuals increases vary from the average rate increase (that is, the overall average increase) primarily because of plan specific changes and recognition of being a year older. On average, health costs increase with age.

Financial Experience of Product

The overall financial experience of the product includes:

It is too early to predict accurately what the financial performance will be in 2018. At the time the premiums were set for 2018, Kaiser expected to have -3.69% of premium remaining after paying all expenses attributable to this portfolio.

The rate increase will affect the projected financial experience of the product by:

For 2019, Kaiser expects to have negative capital contribution of -22.36% of premium, after paying all expenses attributable to this portfolio.

Components of Increase

The request is made up of the following components:

Trend Increases – % of the 20 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is % of the 20 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is % of the 20 % total filed increase.

Other Increases – % of the 20 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the 20 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is % of the 20 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % of the 20 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the 20 % total filed increase.

5. Other – Defined as:

This component is % of the 20 % total filed increase.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☒
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Platinum

| HSA/HRA Options | Tiered Network Option |
|---|---|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: |
| | 2nd Tier Utilization: |

| Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|--|------------|----------|----------------------------|------|----------|
| Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 | | | |
| Coinsurance (% , Insurer's Cost Share) | 90.00% | 100.00% | | | |
| MOOP (\$) | \$2,000.00 | | | | |
| MOOP if Separate (\$) | | | | | |

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| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|------------------------------|------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | \$175.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$5.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$25.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

| | |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | <input checked="" type="checkbox"/> |
| # Days (1-10): | 5 |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Plan Description:

Name: 2019 Standard Platinum
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.92%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier

| HSA/HRA Options | Tiered Network Option |
|---|---|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: |
| | 2nd Tier Utilization: |

| Tier 1 Plan Benefit Design | | |
|--------------------------------------|------------|----------|
| Medical | Drug | Combined |
| Deductible (\$) | \$500.00 | \$0.00 |
| Coinsurance (% Insurer's Cost Share) | 80.00% | 100.00% |
| MOOP (\$) | \$4,000.00 | |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

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| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 Tier 2 | |
|--|-------------------------------------|------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|------------------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$600.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$25.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$25.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input type="checkbox"/> | | \$525.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$70.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

| | |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | <input checked="" type="checkbox"/> |
| # Days (1-10): | 5 |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Plan Description:

Name: 2019 Standard Gold
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 81.94%

Metal Tier: Gold

Additional Notes: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0781 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 2nd Tier Utilization: |

| | Medical | Drug | Combined |
|--------------------------------------|------------|------------|----------|
| Deductible (\$) | \$3,500.00 | \$250.00 | |
| Coinsurance (% Insurer's Cost Share) | 80.00% | 100.00% | |
| MOOP (\$) | | \$7,600.00 | |
| MOOP if Separate (\$) | | | |

| | Medical | Drug | Combined |
|--|---------|------|----------|
| | | | |
| | | | |
| | | | |

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| | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|---|------------------------------|
| Type of Benefit | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copoly applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$350.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$40.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$36.45 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$70.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$70.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

| | |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | <input type="checkbox"/> |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Plan Description:

Name: 2019 Standard Silver
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.90%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Bronze

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 2nd Tier Utilization: |

| | Medical | Drug | Combined |
|-------------------------------------|------------|------------|----------|
| Deductible (\$) | \$6,650.00 | \$600.00 | |
| Coinurance (% Insurer's Cost Share) | 75.00% | 100.00% | |
| MOOP (\$) | | \$7,900.00 | |
| MOOP if Separate (\$) | | | |

| | Medical | Drug | Combined |
|--|---------|------|----------|
| | | | |
| | | | |
| | | | |

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| | Tier 1 | | | | Tier 2 | | | | Tier 1 | Tier 2 |
|--|---|-------------------------------------|--------------------------|--------------------|---|---|--------------------------|--------------------|---|------------------------------|
| Type of Benefit | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Copay applies only after deductible? | |
| Medical | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | <input type="checkbox"/> All |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$45.18 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$500.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$55.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$80.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input type="checkbox"/> All |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$25.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$75.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$150.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Options for Additional Benefit Design Limits:

| | |
|--|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | <input type="checkbox"/> |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Plan Description:

Name: 2019 Standard Bronze Copay
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

Actuarial Value:

64.89%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.1055 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Bronze

| HSA/HRA Options | Tiered Network Option |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Tiered Network Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: 2nd Tier Utilization: |

| Tier 1 Plan Benefit Design | | |
|---------------------------------------|------|------------|
| Medical | Drug | Combined |
| Deductible (\$) | | \$6,200.00 |
| Coinsurance (%; Insurer's Cost Share) | | 80.00% |
| MOOP (\$) | | \$6,550.00 |
| MOOP if Separate (\$) | | |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

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| Type of Benefit | Tier 1 | | | | Tier 2 | | | | Tier 1 | | Tier 2 | | |
|--|---|---|---------------------------|--------------------|---|---|---------------------------|--------------------|--------------------------------------|--|--------------------------------------|--|--|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Copay applies only after deductible? | | Copay applies only after deductible? | | |
| Medical | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | | <input type="checkbox"/> All | | |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MH/SUD) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Specialist Visit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Use Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Occupational and Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Drugs | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | | <input type="checkbox"/> All | | <input type="checkbox"/> All | | |
| Generics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | \$150 |
| Set a Maximum Number of Days for Charging an IP Copay? | <input type="checkbox"/> |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Plan Description:

Name: 2019 Standard Bronze HDHP
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

61.82%

Bronze

Additional Notes:

Calculation Time:

0.125 seconds

Final 2019 AV Calculator

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP
PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

| Number | Data Element | Requirement Description | Individual and Small Group | |
|--------|-------------------------|---|-------------------------------------|--|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 1 | Purpose of Filing | State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary. | Yes | Actuarial Memorandum (Pages 2-7) |
| 2 | Form Numbers | Form numbers should be listed in the actuarial memorandum. | Yes | AM (Page 1) |
| 3 | HIOS Product ID | The HIOS product ID should be listed in the actuarial memorandum. | Yes | AM (Page 1) |
| 4 | Effective Date | The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements. | Yes | SERFF Rate Filing Submission Date |
| 5 | Market | Indicate whether the products are sold in the individual or small employer group market. | Yes | AM (Page 1) |
| 6 | Status of Forms | Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both. | Yes | AM (Page 1) |
| 7 | Benefits/Metal level(s) | Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design. | Yes | KPIF AM (Exhibit 12) SG AM (Exhibit 12) |

| Number | Data Element | Requirement Description | Individual and Small Group | |
|--------|--|--|-------------------------------------|---|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 7.1 | AV Value | Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS. | Yes | KPIF URRT SG URRT |
| 8 | Average Rate Increase Requested | The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc. | Yes | Rate/Rule Schedule (Overall % Rate Impact) |
| 9 | Maximum Rate Increase Requested | The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.) | Yes | Rate/Rule Schedule |
| 10 | Minimum Rate Increase Requested | The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.) | Yes | Rate/Rule Schedule |
| 11 | Absolute Maximum Premium Increase | The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging. | Yes | Rate/Rule Schedule (Rate Review Detail) |
| 12 | Average Renewal Rate Increase for a Year | Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID. | Yes | Rate/Rule Schedule (Rate Review Detail) |
| 13 | Rate Change History | Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history. | Yes | Unified Rate Review Template |
| 14 | Exposure | Current number of policies, certificates and covered lives. | Yes | DISB AM Dataset |

| Number | Data Element | Requirement Description | Individual and Small Group | |
|--------|------------------------|--|-------------------------------------|--|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 15 | Member Months | Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods. | Yes | DISB Actuarial Memorandum Dataset |
| 16 | Past Experience | Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods. | Yes | DISB Actuarial Memorandum Dataset |
| 17 | Index Rate | Provide the index rate. | Yes | AM (Exhibit 1) |
| 17.1 | Rate Development | Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing. | Yes | AM (Exhibits 1-13) |
| 18 | Credibility Assumption | If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development. | N/A | N/A |
| 19 | Trend Assumption | Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions. | Yes | Unified Rate Review Template and AM Exhibit 8 |
| 20 | Cost-Sharing Changes | Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes. | Yes | Unified Rate Review Template, worksheet 2; and AM Exhibit 12 |
| 21 | Benefit Changes | Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes. | Yes | Unified Rate Review Template, worksheet 2; and AM Exhibit 12 |

| Number | Data Element | Requirement Description | Individual and Small Group | |
|--------|---|--|-------------------------------------|---|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 22 | Plan Relativities | For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors. | Yes | AM (Exhibit 12) |
| 23 | Rating Factors | Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes. | Yes | AM (Exhibit 13) |
| 23.1 | Wellness Programs | Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing. | N/A | N/A |
| 24 | Distribution of Rate Increases | Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group. | Yes | Unified Rate Review Template, worksheet 2 |
| 25 | Claim Reserve Needs | Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any. | Yes | Actuarial Memorandum (Page 3) |
| 26 | Administrative Costs of Programs that Improve Health Care Quality | Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference. | Yes | Actuarial Memorandum (Page 6) |

| Number | Data Element | Requirement Description | Individual/and Small Group | |
|--------|--|---|-------------------------------------|-------------------------------|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 27 | Taxes and Licensing or Regulatory Fees | Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference. | Yes | AM (Exhibit 10) |
| 28 | Medical Loss Ratio (MLR) | Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum. | Yes | Actuarial Memorandum (Page 6) |
| 29 | Risk Adjustment | Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount. | Yes | AM (Exhibit 9) |

| Number | Data Element | Requirement Description | Individual and Small Group | |
|--------|---|---|-------------------------------------|------------------------------|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 29.1 | Reinsurance | Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount. | N/A | N/A |
| 29.2 | Risk Corridor | Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount. | N/A | N/A |
| 30 | Past and Prospective Loss Experience Within and Outside the State | Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state. | Yes | AM (Page 3) |
| 31 | A Reasonable Margin for Reserve Needs | Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position. | Yes | AM (Page 5) |

| Number | Data Element | Requirement Description | Individual and Small Group | |
|--------|---|---|-------------------------------------|------------------------------------|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 32 | Past and Prospective Expenses | <p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total | Yes | AM (Exhibits 3 and 10) |
| 33 | Any Other Relevant Factors Within and Outside the State | Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change. | Yes | AM (Exhibits 1-13) |
| 34 | Other | Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8. | N/A | N/A |
| 35 | Actuarial Certification | Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory. | Yes | KPIF AM (Page 9) SG AM (Page 9) |

| Number | Data Element | Requirement Description | Individual and Small Group | |
|--------|---|---|-------------------------------------|------------------------------|
| | | | Has the Data Element Been Included? | Location of the Data Element |
| 36 | Part I Preliminary Justification (Grandfathered Plan Filings) | Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format. | N/A | N/A |
| 36.1 | Unified Rate Review Template (Non-Grandfathered Filings) | Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format. | Yes | Supporting Documentation |
| 37 | Part II Preliminary Justification | Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS). | Yes | Supporting Documentation |
| 38 | DISB Actuarial Memorandum Dataset | Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. Provide in Excel format only. | Yes | Supporting Documentation |
| 39 | District of Columbia Plain Language Summary | Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings. | Yes | Supporting Documentation |

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|----|---|---|-----|-----|
| 40 | Additional Requirements for Stand-Alone Dental Plan Filings | <p>Provide the following for stand-alone dental plan filings:</p> <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. | N/A | N/A |
|----|---|---|-----|-----|

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

John Xu

(Print Name)

A handwritten signature in black ink, appearing to read 'John Xu', written over a horizontal line.

(Signature)